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COMMODITY SUPPLEMENTAL FOOD PROGRAM SURVEY

PREPARED BY THE STAFF OF THE

SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS UNITED STATES SENATE

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INTRODUCTION

The Commodity Supplemental Food Program was established in 1968 by the Department of Agriculture in order to provide iron and protein rich food to low-income pregnant women, nursing or postpartum mothers, and children under six. Although primarily the responsibility of USDA, the program operates in conjunction with Federal, State, and local health clinics which issue "food prescriptions," and with various administrative agencies which handle transportation, warehousing, outreach, and distribution. Mothers receive surplus poultry and meat, peanut butter, farina, fruit, egg mix, dry milk, vegetables, juice, evaporated milk and corn syrup at an average per-person value of between $9 and $12.50 per month. This cost has remained constant over a period of many years.

Prior to 1971, the program operated as a subprogram under the same statutory authority as the Commodity Distribution Program (see Section 612c of the Agricultural Adjustment Act of August 24, 1935, 40 Stat. 750, 774, 7 USC 612.) In 1971, the legal basis of the Supplemental Food Program was altered in that the amended Food Stamp Act provided for simultaneous operation of the Food Stamp and Direct Distribution to Needy Persons Programs in the same area under certain conditions. Also, Public Law 92–32 provided explicitly for USDA payment of administrative expenses of the program during fiscal year 1972. Regulations for the program are found in Title 7, Section 250.14 of the Code of Federal Regulations.

The Supplemental Food Program as developed under the Commodity Program is not specifically authorized under any law, except for funding legislation. This means that changes in the program can be made by regulation and need not go through the congressional process.

Fiscally, the program is a patchwork. USDA pays for the food and for its transportation to the State warehouse but not for local operating expenses. USDA has declined to provide any funds for storage, distribution of foods, outreach, clerical costs, or any other administrative costs—*nor would HEW provide the funds.* All administrative costs have been placed on the already overburdened county and local governments.

In many of the supplemental programs in operation in 1976, the Community Food and Nutrition Program of the Community Services Administrative covered those administration costs. In other locales, other sources of funds both private and public, have been found.

The actual operation of the Commodity Supplemental Food Program allows for variance depending on the local situation. A combination of county health departments, hospitals, clinics, and county and local commodity program personnel, are usually involved.

The potential recipient must have a certificate or note of medical need from a doctor or a doctor's authorized medical representative. The income status of the mother is usually certified by the local welfare agency. If the women meets these tests, she then receives either documents entitling her to pick up the supplemental food package at the distribution place, or the actual food package if it is kept near the place of certification.

A Brief Chronology of Supplemental Food Program

1967–1968—Series of meetings between USDA and HEW which resulted in a recognition of pregnant and nursing women, and children under 6 as a high risk group.

1968—Board of Inquiry into hunger and malnutrition in the United States recommends supplementation of the diets of infants and pregnant women.

May 1968—Secretary Orville Freeman bows to pressure from the Poor People's Campaign and established Supplemental Food Program.

March 1969—Food and Nutrition Council of President's Urban Affairs Council recommends rapid expansion of Supplemental Food Program and the development of a voucher system.

Administration rejects both recommendations.

April 1969—Directive to Supplemental Food Programs that participation estimates should be established. These become quotas.

May 1969—President Nixon endorses Supplemental Food Program at White House Conference. Conference makes maternal and infant feeding a top priority.

April 1970—USDA prohibits new programs in Food Stamp Program areas, excludes children over 1 year old in new programs in commodities areas, and reduces food allotments.

May 1971—USDA requires termination of supplemental programs in all those areas transferring from commodities to food stamps, except Indian reservations. Peanut butter and egg mix are removed, and juice allotment is reduced.

June 1971—Public Law 92–32 passes. Section 6 provides $20 million for fiscal year 1972, part of which could be used for administrative expenses.

August 1971—Deputy Assistant Secretary Philip Ollson freezes supplemental funding level, excluding $20 million in Public Law 92–32.

December 1971—Due to political pressure, peanut butter, egg mix, and juice are restored to program nationwide. Detroit supplemental is allowed to increase its quota four fold.

Fall–Winter 1972—OEO's Emergency Food and Medical Services budget is cut—numerous supplemental programs face shutdown.

March 1973—USDA institutes an absolute ban on new Supplemental Food Programs pending an evaluation of WIC. Shortages of vegetables, dried milk, and evaporated milk become more severe.

January 1974—USDA memo recommends sharp reductions and "hopefully a phaseout of all Supplemental Food Programs."

June 1974—Public Law 93–347 passes. Supplemental Food Programs funding authorization is to continue until June 30, 1977.

January 1976—Senator Hart of Michigan and Senator McGovern introduce legislation to make Supplemental Food Programs permanent.

January 1976—USDA issues regulations on WIC expansion giving priority to Supplemental Food Program over areas with neither program.

March 1976—USDA agrees that it always had authority to add infant formula to the food package but has arbitrarily chosen not to do so.

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STAFF ANALYSIS

Almost since its inception, the U.S. Department of Agriculture has acted in a manner designed to destroy the effectiveness of the Commodity Supplemental Food Program.

In spite of USDA's efforts to close the Program, it has been one of the most cost-effective federally mandated child nutrition programs ever implemented. This is a result of the economies of scale effected by USDA, combined with the expertise of USDA purchasers. These two factors have kept the cost of providing a month's food to each recipient at a relatively constant and low level for the life of the Program. In addition, it should be added here that local administrative costs for the Program range from a low of 50 cents per person per month to a national average of $1.55 per person per month based on the Committee's Questionnaire. The responses represent 112,702 recipients out of approximately 140,000 recipients or about 80 percent of the recipients of the Program nationally.

USDA, as part of its ongoing efforts to diminish Commodity Supplemental Food Programs, is once again urging Commodity Programs to join with the WIC Program.

The proposed WIC regulations (7 CFR 246) give priority for new WIC slots to existing Commodity Supplemental Food Programs, ignoring those areas which have no special feeding program for low-income nutritionally-at-risk mothers, infants and children.

The only reason for this nonsensical decision by USDA must be the desire to limit the total number of persons on supplemental feeding programs. This policy guarantees that there will be no relationship between the need for supplemental feeding programs and the actual participation in those programs.

In addition, USDA's policy for those Commodity Supplemental Food Programs which have had to switch to WIC for a variety of reasons, including inadequate administrative funding, is to limit those Supplemental Food Program change-overs to current participation levels once they join WIC. In other words, a program with 500 currently participating recipients is limited to 500 recipients once they change to WIC, even though their original Supplemental Food Program caseload may have been authorized for 1,000. Money saved in this manner will not be made available for WIC, nor will any new Commodity Supplemental Food Programs be allowed to start up under current USDA policy.

USDA could not possibly absorb both the 140,000 Commodity Supplemental Food Program recipients and the over 850,000 new WIC applicants in the near future.

Program expansion funds for WIC have been set by USDA at $25 million nationally. It would make more sense to take this money

and spend it in areas where neither supplemental feeding program exists. This $25 million should be available for WIC expansion and not as a bargaining tool to use to keep Supplemental Food Programs and WIC applicants competing for funds between themselves. The decision by USDA to request deferral for $6 million in WIC funds demonstrates their lack of desire to implement any kind of supplemental feeding programs, either Supplemental Food Program or WIC.

The effort to close the Commodity Supplemental Food Programs is not new. Since 1970, USDA has made a number of administrative decisions which have handicapped the Commodity Supplemental Food Program and prevented it from being truly effective. Over the years, the two most destructive things USDA has done are (1) refusing to provide administrative funds for the programs, and (2) not making commodities available in a timely fashion.

Commodity Supplemental Food Programs have closed in many locations simply because local sponsors could not afford to run them any longer. County and State money has been limited, when available, and money for the Commodity Supplemental Food Program has been sought by and needed by other agencies in many localities. After a period of time, local sponsors have decided to, and, in some cases, been forced to change to WIC so as not lose the ability to feed needy mothers, infants, and children.

In other cases, local sponsors have been so concerned about the availability of commodities that they have changed to the WIC Program in an attempt to guarantee some stability to their supplemental feeding effort. USDA, while never actually closing down a Supplemental Food Program, intimidated many programs—fearing the end of their commodities, they have come to believe that WIC should be accepted in place of Commodity Supplemental Food Programs.

When the Commodity Supplemental Food Program began, USDA requested caseload needs from the sponsors of the Programs. These figures were to be estimates of the need for the Program in the area to be served. Once these figures were in, USDA decided that the figures would represent caseload authorizations or maximum allowable caseloads rather than estimates of need.

Two developments have resulted from USDA's administrative decision to arbitrarily limit caseloads on the Commodity Supplemental Food Program.

First, no Program may go beyond its authorized caseload despite the obvious need for the Commodity Supplemental Food Program in the local area. Second, no Program may allow another Program to accept or utilize caseload which is unused. Commodity Supplemental Food Programs are sharply limited in their attempts to expand to meet local needs by these USDA imposed policies.

The original authorized caseload for the Commodity Supplemental Food Program was about 275,000 low-income mothers, infants, and children. With the recent approval of an additional 20,000 people for the Detroit program Commodity Supplemental Food Program has an original authorized caseload of 295,000 persons. However, only 138,000 persons are now being served. The authorized caseload for the Commodity Supplemental Food Program combined with the current caseload of about 830,000 for the WIC Program would at least be a substantial Federal commitment toward ending malnutrition

among approximately five million low-income nutritionally-at-risk mothers, infants and children.

Over a period of years, even with problems outlined above, it has still been possible to document the improvements that have been made in the nutritional health of Commodity Supplemental Food Program recipients. The study by Drs. Anthony G. Kafatos and Paul Zee, "Nutritional Benefits from Federal Food Assistance," covers a three-year period involving 4,000 preschool black children from South Memphis in the Commodity Supplemental Food Program.

Their study concluded that: "In the absence of other recognizable intervening factors, we conclude that Federal food assistance programs were primarily responsible for the observed nutritional improvements." The children on the program showed "significant improvements in height and weight" over the three-year period. Anemia decreased "significantly" as well. This kind of result from a low-cost Federal program is nothing new. For many years, a correlation has been proven to exist between inadequate diets among low-income persons and anemia, low-birth weight, stunted growth, low serum iron values and other indicia of abnormal growth.

The policy at USDA must be changed. Hungry mothers, infants, and children must be fed now at a low cost so that society does not have greater costs to bear for the care of these individuals later on. It seems apparent that society will have some costs to bear at some point for low-income nutritionally-at-risk mothers, infants, and children. It only seems logical that the least expensive cost would be preferred. The low cost of the Commodity Supplemental Food Program should be preferred to a policy which can only lead to geometrically higher costs later.

APPENDIX A

U.S. SENATE,
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,
Washington, D.C.

DEAR SUPPLEMENTAL FOOD PROGRAM DIRECTOR: Since 1968, the Commodity Supplemental Food Program has provided commodities for thousands of low income pregnant women, nursing and postpartum mothers, infants, and children under six years of age.

The United States Department of Agriculture, which administers this program, has taken the position that this program should be eliminated. As a result, the number of programs has dropped from a high of 310 (37 States) in 1971, to a present level of 100 (15 States). The number of participants has also been drastically reduced.

However, the Senate Select Committee on Nutrition and Human Needs has, over the years, received very positive testimony with regard to the Commodity Supplemental Food Program. As a result, we would like to preserve and improve this program. Before submitting new legislation to Congress, the Committee wishes to make certain that you, as program administrators, have an opportunity to make those recommendations and criticisms you think are relevant.

Therefore, your prompt response to the following questions will be greatly appreciated. We realize that in some cases only an educated guess can be provided.

Thank you for your attention to this matter.

Sincerely,

GEORGE MCGOVERN, *Chairman.*

QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) How many recipients are you serving?
   (b) Do you have a ceiling on your caseload?
   (c) If you have not reached your authorized caseload, what have been the reasons?
   What is your total requested caseload?
2. What is your actual current budget? How does this break down into food costs and administrative costs?
3. (a) Who administers the commodity program in your county?
   (b) How many staff persons are budgeted for in your contract?
   (c) Who is your contracting agency?
4. Are the people most in need of the commodity program being reached in your project area? If not, what needs to be done to reach them?
5. (a) Who pays administrative costs for your program?
   (b) For the most recent month with available data, what were the actual administrative costs of your program?
   (c) How much, if anything, was paid by USDA?
6. What constitutes administrative costs for your program? Could you pay for outreach, operating costs, nutrition education, indirect administrative costs, and the costs of administering the local office if twenty percent of the projected total yearly budget were made available for these purposes? Less than 20 percent? More?
7. (a) Which food delivery system do you use?
   (b) Are you satisfied that your system works well?
   (c) Can you estimate the cost, per participant, of your food delivery system?
8. (a) What percent of your present budget would be required to run an adequate nutrition education program?
   (b) How important do you feel nutrition education would be to the Supplemental Program?
   (c) Does your Program currently have a nutrition education component? If so, how much has it cost and what percent, if any, of the money comes from your program's administrative budget? What percent comes from in-kind contributions?
9. Have you found that any of the foods in the Supplemental food package are being rejected, for whatever reasons?
10. (a) Are you satisfied with the nutritional value of the Supplemental foods?
    (b) If not, what recommendations would you make to change the food package?
    (c) What recommendations would you make to change the manner of delivery of the food package?
11. Do you know of any unfunded project applications in your area? How many persons and how much money do these applications represent?

12. Assuming adequate monies were available to reach all persons in your area eligible under current Supplemental Program guidelines, what would your total caseload be? What would your total budget be?
13. If there has been any medical evaluation of the Supplemental Program, please attach the results. At this point, can you ascribe to the Supplemental Program any improved hemocrit counts, decreased infant mortality rates, etc.?
14. What are you using for initial eligibility criteria for participation in the Supplemental Program?
15. Has the Supplemental Program affected participation in other related health or welfare programs for low-income recipients?
16. Please list your priority recommendations for change in the Commodity Supplemental Food Program legislation, keeping in mind the importance of both administrative efficiency and meaningful health care for this vulnerable group. Feel free to suggest legislative language.

RESPONSES TO QUESTIONNAIRE

68-151—76——2

APPENDIX B

CENTRAL ARKANSAS DEVELOPMENT COUNCIL, INC.,
Benton, Ark., December 1, 1975.

Hon. GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs, U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: I was very pleased to get your questionnaire on the commodity supplemental food program. We have been administering this program for a number of years in the two counties in Central Arkansas. I feel that this program has made a significant impact on the nutritional well-being of the children involved in our program. Enclosed you will find our response to the questions you provided. I hope this information will be of value to you in your efforts to continue the supplemental food program.

Sincerely,

CHARLES F. CUNNINGHAM,
Executive Director.

Enclosure.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 725.
   (b) Yes, we do have a ceiling on our caseload.
   (c) We have reached our authorized caseload and we have requested a total caseload of at least 900.
2. Our actual current budget is approximately $181,000 per year. Our administrative costs are approximately $8,500 per year and the value of the food which we distributed last year was approximately $173,000.
3. (a) The CADC administers the commodity program in both Saline and Hot Spring Counties.
   (b) One staff person handles this program. Our agency works directly with the state office of the U.S. Department of Agriculture for commodity distribution.
4. We feel that we are reaching people who really need the service in our area. Since individuals have to pick up their own food, we feel we are missing some people who lack transportation.
5. (a) Administrative costs are paid from our basic administrative grant from the Community Services Administration.
   (b) Our actual administrative costs for the last month were $685.
   (c) None of this was paid by USDA.
6. Administrative costs include salary of the individual who distributes food, transportation cost and some contract labor help in transporting the food. We also include some duplicating costs for material distributed to participants.

7. (a) Food is distributed once each month to participants. We order food items and pick them up once each month at USDA commodity food offices in Little Rock. Participants can come in on one day of the week during the entire month.
   (b) Our system works reasonably well.
   (c) Our estimates are that our delivery system which in effect means our administrative costs run about 87¢ per person per month.
8. (a) We would guess approximately 10 percent would be necesssary for an adequate nutrition education program.
   (b) We feel that nutrition education is vitally important to the supplemental program.
   (c) During the past year we have had a nutrition education component for our program.
   We had a VISTA working with the program who was very effective. Our costs were only those supportive costs necessary for transportation and materials. No in-kind contributions were used in this educational effort. Our nutritionist is now gone and we feel that this is a great loss to our program.
9. Our experience has been that if recipients are provided with special recipes and are encouraged to try new ways to prepare the foods, most foods are used. We do find that Farina is not as attractive to them as some of the other items they get.
10. (a) Yes, we are relatively satisfied with the nutritional value of the supplemental foods.
11. Yes, we would like to establish such a program in Clark County which we feel we could administer for very little additional cost. Our efforts in the past to establish such a program have met with no success. We feel that 400 pregnant women, nursing mothers, infants and young children could benefit in just that one county. We feel that we could administer the program for an additional $3,000 to $4,000 and that serving 400 persons would mean approximately $85,000 worth of food a year.
12. We foresee the need for a caseload of around 1,500 in the three county area. An adequate administrative budget for such a program which would also provide nutrition education would be around $20,000 per year. Since we pick up food and only do estimates of its value, this cost, we can estimate at $360,000 per year.
13. There have been no medical evaluations of our supplemental program.
14. Eligibility criteria are that either the mother or children are suffering to some degree from malnutrition. Eligibility is established in local health departments by public health nurses. After the persons are certified we then add them to our caseload.
15. We provide information to supplemental program participants on other programs available to them. We have not done an assessment of how frequently these persons take advantage of those other programs.
16. One of our priority recommendations for change in the program is that a nutrition education component be included. We have surveyed participants during the last quarter and are now

analyzing the results of our surveys. When that information is available, we will be glad to provide it to you. We found that the respondents reported using the food provided and also benefited from the educational information provided to them.

ECONOMIC OPPORTUNITY AGENCY
OF WASHINGTON COUNTY, INC.,
Fayetteville, Ark., December 22, 1975.

GEORGE MCGOVERN,
Chairman, Senate Select Committee on Nutrition, and Human Needs, U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: I would like to respond to your questionnaire for Commodity Programs mailed to our agency November 20, 1975.

The Economic Opportunity Agency is responsible *only* for the distribution of commodities in our one-county service area. The local health department determines eligibility of applicants. I have consulted with the county health department and state social services personnel regarding the commodity program, and I feel the information to follow is accurate.

I do hope this information will be helpful to your committee in its deliberations.

Sincerely

JEANIE WYANT,
Administrative Aide.

Enclosure.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Between 70 and 100 recipients.
   (b) Caseload ceiling of 200.
   (c) The local health department, as is their right, chose to certify only pregnant women and children under one when they negotiated their new agreement. In the past, children under six were eligible. The health department still requests a caseload of 200.
2. The State Health Department is responsible for the administration of the supplemental food programs in the state. Neither the county health unit nor EOA receives direct funds to operate the program. I do not know the State's budget nor its breakdown into food and administrative costs.
3. (a) County health unit public health nurses certify eligible participants, and the EOA (local community action agency) distributes the commodities.
   (b) No staff are budgeted in the health department's authorization agreement nor in the EOA's distribution agreement with the State.
   (c) Arkansas Social Services Food Distribution Unit.
4. Probably not. Local health unit has cut back on persons they will certify (children under six). There is no coordinated outreach or public information effort conducted by the health department.

5. (a) The state bears the health department's administrative costs. EOA pays one part-time person for time spent distributing food plus mileage expenses on the job.
   (b) EOA paid $40 in November to the part-time distribution supervisor.
   (c) EOA and Health Department receive *no* direct funds from USDA.
6. See Section 5a. Not applicable as state receives money from USDA.
7. (a) Food is distributed at two sites in the county once a week and once every two weeks.
   (b) The system works well.
   (c) Minimal, next to nothing.
8. (a) I believe EOA could administer the entire supplemental food program in this county by hiring two full-time people to certify, distribute and plan nutrition education.
   (b) Nutrition education is a very important part of the program. Basic information on nutrition as well as specific training on how to use commodities is necessary.
   (c) The only nutrition education is done informally by public health nurses when certifying applicants. On occasion, a participant will comment on certain foods, and the health nurses respond. The EOA distribution supervisor makes available pamphlets for participants. Budget questions not applicable.
9. Our distribution supervisor says vegetarians need substitutes for meat items. She also has had unfavorable comments about the farina stemming from what she believes is lack of knowledge on how to prepare it. Health nurses have had complaints about powdered eggs also due, they believe, to no knowledge of how to use them.
10. (a) Yes.
    (b) No comment.
    (c) No recommendations.
11. No, but the applications would be made to the State Health Department or Social Services Division.
12. The caseload would be at least 200 and possibly twice that (estimate).
13. There has been no formal medical evaluation of the supplemental food program. Public health nurses have records on babies attending well baby clinics, but, again, no conclusions as to relationships, if any, between health and supplemental food use.
14. Public health nurses certify pregnant and lactating mothers and children four months to one year if they meet current poverty guidelines (Community Services Administration).
15. No information except that some participants find out about other health department services available to them.
16. I am not familiar with the current Commodity Supplemental Food Program legislation. Also, I do not know if Arkansas' administration of the food program is typical.

    The only suggestions I would make would be to allow some funding for administration to go directly to the local program. Again, I do not know if this happens in other states.

Ozark Opportunities, Inc., P.O. Box 217, Jasper, Ark.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 300.
   (b) Yes.
   (c) Contracting agency rules and guidelines.
2. We do not operate on a monetary budget per se.
   (a) Food cost determined by contractor, not known to us.
   (b) Administrative cost borne by Ozark Opportunities, Inc. A Community Services Administration funded program.
3. (a) Same as 2b.
   (b) 1 full time, 2 part time.
   (c) Arkansas Department of Social and Rehabilitative Services Food Services Division, P.O. Box 5071, North Little Rock, Arkansas 72119.
4. (a) Not completely.
   (b) Guidelines of contracting agency apparently eliminates some needy families.
5. (a) Same as 2b and 3a.
   (b) $650—rent, wages, and truck charges.
   (c) None.
6. (a) Same as 5a.
   (b) Yes (20 percent).
7. (a) OOI transports food from Little Rock (150 miles) recipient gets food from store house in Jasper.
   (b) Yes.
   (c) Approximately $2.20 per person per month.
8. (a) Cannot be approximated because cost of food unknown to administrative agency.
   (b) A good nutrition education program would increase value of Supplemental Food Program.
   (c) No.
9. Some items of food are rejected by a few people for various reasons. (A nutritional education program would overcome most of the rejections.)
10. (a) Yes.
    (b) ——.
    (c) USDA to transport food from Little Rock to Jasper.
11. None known at this time.
12. If guidelines were adjusted to include needy families who do not receive assistance under other programs the case load would double and also the budget.
13. (a) No medical evaluation has been done in area but for some reason (possibly supplemental food) the hemocrit of Head Start children has increased in the past few years.
    (b) Screening activity affords an opportunity for County Health Nurse to detect orthopedic, vision, hemoglobin, etc. problems.
14. County Health Department screens participants, initial eligibility criteria for participation is that the family receive some type of assistance from Department of Social and Rehabilitative Services.

15. No.
16. (a) Include emergency clause for unforseen circumstances.
    (b) Use as guidelines something other than requirement of participation in Social and Rehabilitative Services.
    (c) Raise age limit for special cases i.e. children with physical defects that could be attributed to malnutrition.

PINE BLUFF JEFFERSON COUNTY ECONOMIC OPPORTUNITIES COMMISSION, INC., PINE BLUFF, ARK.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Average number of recipients served each month—1,410.
   (b) The caseload ceiling is 1,500 recipients.
   (c) We have at different times reached our authorized caseload ceiling. We have requested that the caseload ceiling be increased to 2,000.
2. None.
3. (a) Pine Bluff Jefferson County Economic Opportunities Commission, Inc. (Community Action Agency).
   (b) None.
   (c) None.
4. No. To reach all people that are in need of the program it would require funds to employ a staff of approximately fifteen.
5. (a) The administration cost or operation cost is absorbed by this agency.
   (b) The monthly operation cost is approximately $1,900.
   (c) None of the cost is paid by USDA.
6. (a) The salary for two (2) intake clerks and approximately 10 percent of the salary for the director of General Services under which the program is administered.
   (b) The county provides the transportation for transporting the food to a central location for distribution.
   (c) The manpower required in handling the food is provided by this agency and the CETA program.
7. (a) The food is transported by county trucks from the central warehouse in Little Rock, Ark. to Pine Bluff, Ark. distribution center. The recipients then pick the food up at the center.
   (b) Yes.
   (c) No.
8. (a) The nutrition education program is being conducted by the local county extension office nutrition program.
   (b) Very important as part of the over-all program.
   (c) No.
9. (a) There has not been any rejection of any of the supplemental food packets.
10. (a) Yes.
    (b) It is recommended that more varieties of food be used in the program.
    (c) None.

11. There are no known unfunded projects application in this area.
12. If adequate monies were available the caseload would be approximately 2,000 per month with a total budget of approximately $2,900 a month.
13. No medical evaluation can be made by this agency.
14. The criteria for participation in the program is determined by the health department.
15. The supplemental food program has affected participation in related health and welfare programs.
16. (a) That fund be appropriate for supplemental food programs.

COUNTY OF SACRAMENTO,
HEALTH AGENCY,
Sacramento, Calif, December 30, 1975.

Hon. GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs, Washington, D.C.

DEAR SENATOR MCGOVERN: Enclosed is our response to your Committee's request for input regarding the Commodity Supplemental Food Program.

We hope that our experience with this program will aid your committee in its attempts to strengthen and improve it.

Very truly yours,

TED GRADY, *Assistant Director.*

Enclosure.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) About 2,000.
   (b) Yes—2,000.
   (c) Not applicable.
   (d) 2,000.
2.

Food cost	[1] $24,000
Warehousing and delivery	32,000
Outreach, eligibility and follow-up	23,000
Total	79,000

[1] Retail value of commodities is estimated at $500,000.

3. (a) Sacramento County Department of Community Health.
   (b) Two stock clerks.
   (c) Program run jointly by Departments of Community Health and Personal Health.
4. Yes, there is good representation of low income, nutritionally needy families. The program is well known to the Welfare Department and other social agencies that refer candidates.
5. (a) Sacramento County.
   (b) Approximately $6,600.
   (c) Nothing.
6. (a) Warehouse rental, delivery costs, salaries for warehouse, delivery and field personnel.
   (b) Not with the present method of valuing the food. However, if for purposes of determining an administrative allowance,

the food were valued at retail, twenty percent would be adequate to cover present administrative costs and to improve the nutrition education component.

7. (a) 50 percent of food is delivered by county, 50 percent is picked up by recipients.
   (b) Yes.
   (c) $0.75/participant/month.
8. (a) Approximately 20 percent.
   (b) Very important on a selected recipient basis.
   (c) Yes, on an as needed and as available basis. We have not costed out the nutrition education element of our service. Depending upon the specific need of the recipient, nutrition education may be provided by a Community Health Nurse, Public Health Aide or through some other community resource. Our experience has been that nutrition education is most effective on a one-to-one basis. Also, some recipients need intensive help for fairly long periods initially. However, on-going routine education has not seemed profitable.
9. No.
10. (a) No.
    (b) Need more protein and staple foods, less vegetables. Would suggest pinto beans, rice or wheat flour.
    (c) None.
11. No.
12. We do not have sufficient data to answer this question.
13. There has been no medical evaluation and so no statistics are available.
14. Low income and nutritional need.
15. The program is an excellent referral source for other health programs such as well child care, family planning, immunizations and medical care follow-up. Many referrals are made to the food stamp program from our recipients.
16. The future of the program would be more assured if the fiscal impact of administrative cost on local government could be reduced or eliminated through an adequate administrative cost allowance.

CITY AND COUNTY OF SAN FRANCISCO,
BUREAU OF MATERNAL AND CHILD HEALTH,
DEPARTMENT OF PUBLIC HEALTH,
San Francisco, Calif., January 5, 1976.

Senator GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs, U.S. Senate, Washington, D.C.
(Attention: Senator Philip A. Hart)

We have attempted to answer your questions to the best of our ability and are hereby listing our answers in the same sequence as the questions.

Sincerely yours,

ISOLDE E. LOEWINGER, M.D.,
Director,
Bureau of Maternal and Child Health.

Enclosures.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) In August 1975—8,964. In September 1975—8,404. In October 1975—7,966.
   (b) 11,883.
   (c) The mobility of the population, the uncertainty of the future of the program, the drop in the birthrate, and shortages of certain commodities discourage some clients.
   (d) Same as 1 (b).
2. There is no budget available for the Supplemental Food Program. Food is furnished by USDA. The Economic Opportunity Council pays $50.00 per boxcar or $1.00 per case handling charge for transportation. All other administrative costs are furnished by EOC or through volunteer agencies.
3. (a) There is a contract between the State Department of Education and the San Francisco Department of Public Health. The San Francisco Department of Public Health subcontracts with EOC.
   (b) None.
   (c) State Department of Education.
4. We do not think we are reaching all in need and we plan to have more outreach.
5. (a) Economic Opportunity Council.
   (b) Approximately $16,000.
   (c) None.
6. Rental of warehouse, utilities at warehouse, transportation, supplies (i.e. packing boxes), rental of forklift, salaries of warehouse staff (including fringe benefits), boxcar charge of $50.00 each, security system at warehouse and miscellaneous smaller expenses. Yes—20% or possibly less would suffice.
7. (a) There are 10 distribution centers located throughout the City. They receive the food by truck from the Central Warehouse and the participants pick up the food monthly from the distribution centers.
   (b) Yes.
   (c) Approximately $1.80 per package.
8. (a) 2½ percent or about $40,000.
   (b) Very important.
   (c) Yes—it is all in-kind contribution and can be valued at approximately $20,000 per annum.
9. No.
10. (a) Yes.
    (b) None.
    (c) None.
    NOTE.—If corn syrup could be packaged in tins instead of glass bottles it would eliminate the possibility of breakage and damage to other commodities.
11. No.
12. To the best of our estimate, this program in this City could serve close to 20,000 eligible recipients.
13. Not available.

14. Eligibility according to USDA regulations and policies—Title VII—Commodity Distribution, Subchapter B, Section 250.14–4B, dated January 15, 1969.
15. Yes—the Supplemental Food Program has brought eligibles into other programs, such as food stamps and health services.
16. None.

COLORADO WEST COMMUNITY ACTION PROGRAMS,
322 MAIN STREET, GRAND JUNCTION, COLO.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) We are serving a total of approximately five hundred-twenty (520) persons per month.
   (b) Our ceiling is 1,000 persons.
   (c) Our reason for not reaching our caseload is because we lack funds with which to operate a suitable program.
2. Our budget was about $15,000.00 per year for the Administration of the Program. The foods are of no cost to us since they are donated foods from the Department of Agriculture.
3. (a) We are the Administrators of the Program—Colorado West Community Action Programs.
   (b) We have no budget contract.
   (c) Colorado West Community Action Programs.
4. What is needed to reach more people in our area is to have adequate personnel, to outreach, and to deliver foods to those for whom lack of transportation is a problem to pick up commodities.
5. (a) 70 percent from Community Services Administration, 20 percent from County Commissioners and the rest comes from asking for charity in the Community.
   (b) $1,000.00 average per month.
   (c) Nothing.
6. Administration of the Program constitutes a total operation of the Program: ordering, transporting, unloading, packaging, and distributing of foods; also includes filling all types of forms, making reports, and keeping active and inactive file systems; also includes storage and distribution facility, etc. I do not know what the projected total yearly budget is, so therefore, I cannot give my opinion.
7. (a) Because of the lack of funds, we distribute foods four (4) times per month at the Distribution Center, and we make home deliveries on a very limited basis.
   (b) No, but we can only work with what we have.
   (c) Under this limited system, we estimate the cost per participant in the Supplemental Foods Program at $30.00 per year.
8. (a) 100 percent.
   (b) Nutrition education is a must for this Program.
   (c) We do not have a direct component. We have a good working relationship with the CSU Extension Service and they provide nutritional education.
9. We have not.

10. (a) No.
    (b) We recommend an increase of some of the foods, and that other food items be included.
    (c) None.
11. No applications have been submitted because the Department of Agriculture does not want to start new programs in other counties. This information was related to us by the Department of Social Services of Colorado.
12. Our caseload could be almost to maximum (1,000 persons per month) in Mesa County. Our total budget would be excluding nutrition education $40,000.00 per year.
13. No.
14. National poverty income guidelines.
15. No. (Question unclear.)
16. The priority recommendation that we are making is: Administrative monies must be included in the legislation.

WELD COUNTY DEPARTMENT OF HUMAN RESOURCES,
Greeley, Colo., February 18, 1976.

Hon. GEORGE MCGOVERN, and HON. PHILLIP A. HART,
U.S. Senate, Select Committee on Nutrition and Human Needs,
Washington, D.C.

DEAR SENATOR MCGOVERN AND SENATOR HART: Enclosed are our responses to the Questionnaire for Commodity Programs.

It is our understanding that the questionnaire is geared toward the new legislation that you have proposed (S. 2905). In review of S. 2905, it is my opinion that it will improve the Supplemental Foods Program in Weld County, Colorado. I am in full support of the bill.

Unless we can receive additional funds for the expansion of the program and funds for administrative costs, the quality and effectiveness of the program will be affected. The program has made a substantial impact on the community and its continued growth is of great importance.

Upon passage of the bill, Weld County would appreciate fair consideration for funding.

If we can be of any further assistance through additional support materials, please contact me at 351–6100 or Weld County Division of Human Resources, P.O. Box 1805, Greeley, Colorado, 80631.

Sincerely,

WALTER J. SPECKMAN,
Executive Director.

Enclosure.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) We serve from 700 to 800 families a month or 1,400 to 1,600 individuals.
   (b) No.
   (c) The Program serves as many families and individuals as possible.

2. Current budget:

Salaries	$14,890
Fringe benefits	1,785
Audit	200
Rent	1,020
Utilities	252
Phone	300
Office supplies	200
Total	18,647
Estimated food costs [1]	200,000
Donated food	200

[1] All food is received from USDA at no cost to the program.

3. (a) Weld County Division of Human Resources.
   (b) 3 persons.
   (c) Weld County
4. The Program serves many people that are most in need. Through the effective use of additional sites and mobile sites in the County, the Program can supply services for the people we are unable to reach, and continue a quality program.
5. (a) Weld County Division of Human Resources.
   (b) $1,400.00
   (c) Nothing was paid by USDA.
6. Salaries, fringe benefits, rent, utilities, phone, supplies, and audit costs. Yes, the twenty percent of the projected total yearly budget for administrative costs would help pay for outreach, operating costs, nutrition education, indirect administrative costs, and the costs of administering the local office.
7. (a) All potential participants must be certified for participation by the Weld County Health Department. Upon certification, food is distributed out of the Greeley office.
   (b) No, the Program must be expanded to reach people we are now unable to serve.
   (c) 1,500 participants per month—18,000 per year. Estimated yearly cost $18,647.00—$1.03 per client, excluding food costs.
8. (a) 25 percent of present Administrative Budget (4,662/yr.—1 person).
   (b) The nutrition education effort will provide a very important service to the participant. The participant can learn to utilize the food more effectively for increased nutritional value in their diet.
   (c) No, the budget precludes this effort.
9. No.
10. (a) Yes.
    (b) Increased portions and/or packages.
    (c) No recommendations.
11. A few counties have expressed interest in the Program.
12. Total caseload—2,000 families per month. Total budget—$50,000 to $75,000.
13.
14.
15. No.
16. No recommendations at this time.

BAPTIST HEALTH CENTER, 408 LINCOLN, MONTE VISTA, COLO. 81144

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 325.
   (b) Yes.
   (c) 325.
2. $1,000 freight, $700 administrative.
3. (a) Baptist Health Center.
   (b) None.
   (c) None.
4. Yes. Our caseload should be increased to 400.
5. (a) I do.
   (b) $120.
   (c) None.
6. Distribution and records. I have no budget.
7. (a) A trucking company.
   (b) Yes.
   (c) $33 per year per recipient.
8. (a) Can't answer.
   (b) Very vital.
   (c) No.
9. Dry milk—some recipients don't care for it and are indifferent to the work involved in mixing it.
10. (a) Yes.
    (b) None.
    (c) None.
11. Sagauche County, Colorado. 300 possible recipients.
12. We serve a county of 12,000 persons. A level caseload of 400 would meet our need. I should be using a budget of $3,000 per year.
13. The doctor of this clinic and nurse report positive benefits. Certainly a drop in emergency hospital cases.
14. The current national poverty income table.
15. The Supplemental program is administered with and through the Baptist Health Center which is an out patient maternal and child care center.
16. No recommendations. I am very satisfied with the purpose and results of this program. At the present most of the administrative work is done by volunteers. Because of no funds it has been impossible to make an accurate medical evaluation of the results of this program. This is very necessary because guesswork is most unsatisfactory.

DEPARTMENT OF HUMAN RESOURCES, WASHINGTON, D.C.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Fourteen to fifteen thousand clients two times per month.
   (b) Ceiling on caseload is 30,000 two times per month.
   (c) Caseload not reached due to:
   Lack of administrative funds or lack of outreach staff.

2. Current budget is $285,000. Current food cost retail store value $2,250,126.
3. (a) State agency (D.C.) administers the program for city within the Department of Human Resources' Community Health and Hospitals Administration.
   (b) Thirty-seven staff persons should be budgeted in the program; thirty-two are actively budgeted for Fiscal Year 1976.
   (c) The District of Columbia's Department of Human Resources.
4. Yes, only low-income persons on Medicaid, food stamps or Public Assistance are considered eligible according to the GAO definition of Needy. More clients could be reached if funds were available to fill vacant positions and to print the necessary educational materials to be used in outreach.
5. (a) D.C. Government pays for the administrative costs.
   (b) Administrative cost for one month is $4,047.
   (c) USDA provides food and costs of delivery to the rail company siding.
6. Administrative cost includes:
   (a) Operating cost
   (b) Nutrition eduction
   (c) Outreach (printing and staff)
   (d) Monitoring of program
   (e) Other indirect costs, such as supplies, travel and telephones.

   The program would be greatly improved if 20 percent were made available. The total yearly budget should reflect food cost in calculating the 20 percent figure. More than 20 percent is actually needed.
7. (a) Food is pre-packaged and distributed from public health centers and from a mobile unit.
   (b) Our system works well, mobile unit is a great asset to the needy community due to the 18–25 pound bag weights.
   (c) Cost per client for food delivery is unknown at this time.
8. (a) An adequate nutrition education program would require at minimum 25 percent of our present budget or $125,000. Nutrition education should include: Qualified nutritionists, motivated outreach staff, funds for supplies (food demonstrations), printing, and travel.
   (b) Based upon a continued 6.5 years of experience it is known that nutrition education is a most vital part of the Supplemental Food Programs. The beauty of the Commodity Supplemental Food Program is that it is a health program. The client, through nutrition education, receives:
      1. Information for prenatal care early in her pregnancy.
      2. Supplemental Food is provided on site after proper diet counselling (some clients don't have adequate food to carry out diet instructions) (protein diets or increased Vitamin C and A food intake). By going home with the supplemental food, the client can immediately partake of not only food, but is actually beginning to carry out the prescribed instructions which were designed to change client's food habits to improve client and unborn infant's health status.

(c) 1. The District of Columbia had prior to budget cuts a very strong nutrition education program.

2. Cost was never over 25 percent of the Program's total budget. Currently, all of the nutrition education cost comes from the Program's administrative budget. There is a sizable amount, 40 percent, of in-kind contribution from nutritionists in other health programs. These nutritionists give much support in nutrition education because of improving the health status of the client and also because of the availability of the community foods that can be used to visually award, motivate or stimulate the patient in nutrition education.

9. There are no foods rejected in the Supplemental Food package. Efforts should be made to further demonstrate the use of egg mix and instant dry milk in the client's diet. Food that is rejected by a client could be credited to lack of nutrition education, few foods are rejected due to allergies.

10. (a) The District of Columbia's Department of Human Resources health team is very satisfied with the nutritional value of the commodity food program. The extra iron, protein and Vitamins A and C are especially needed by many of inner-city clients to improve and maintain good health. A choice of iron-fortified formula, in addition to the evaporated milk issued for infant formula, is offered.

(b) Due to a recent FDA regulation, USDA is not purchasing iron-fortified Farina. It should be recommended that either Farina or another iron-fortified cereal, preferably rice cereal which is more frequently requested by pediatricians, be substituted. Canned seafood and dried beans are requests that were made by community people.

(c) Our experience of pre-packaged foods distributed to clients from both permanent distribution centers and from a mobile unit have been successful. It is recommended that for additional service to the community that an additional mobile unit be used on a rotating basis throughout the city. This mobile unit could be used for food demonstrations and nutrition education.

11. To my knowledge there are no unfunded project applications. The District has had two requests rejected by USDA:

(a) For a supply of iron-fortified formula to be issued by physicians' request.

(b) For approval of an agreement with Howard University Hospital to issue Supplemental Food coupons to needy clients. This type of an agreement was approved earlier in the 1970s for Walter Reed and Children's Hospitals' needy clients.

12. The total caseload as approved by USDA is 30,000 clients per month. The total budget need would be $850,000.

13. There were positive findings of improved hemocrit counts and decreased infant and maternal mortality rates.

14. Initially, in 1969, the eligibility criteria for participation in the Supplemental Food Program was for:

(a) D.C. residents attending public health clinics and found to be at nutritional risk.

(b) Pregnant or one year postpartum women.
(c) Infants or children under age six.

In 1972, GAO and USDA deemed the term "needy" to mean not only at nutritional risk, but should include a means test. Currently and since 1972, low-income or needy recipients mean clients who are pregnant, one year postpartum or infants and preschool children under age six who are also eligible for food stamps, Medicaid or Public Assistance.

15. Yes, the Supplemental Food Program encourages and depends upon other related health and welfare programs—community summer hires and school volunteers recruited by the Supplemental Food Program to give outreach programs in the Food Stamp and other welfare offices.
16. Priorities recommendations for change in the Commodity Supplemental Food Program legislation would be listed as:
    (a) Assurances that recipients of the Supplemental Food Program be provided with adequate exposure to basic nutrition education which includes consumer information, major FDA regulations and nutrition labelling.
    (b) Provisions for 25 percent administrative funds to administer the Commodity Supplemental Food Program. That reimbursement be provided for nutritionists' services, plus clinic costs.
    (c) Assurance that iron-fortified formula and evaporated milk be provided in the Program.

COMMUNITY AND ECONOMIC DEVELOPMENT
ASSOCIATION OF COOK COUNTY, INC.,
Chicago, Ill., December 1, 1975.

Hon. GEORGE MCGOVERN,
Hon. PHILIP A. HART,
U.S. Senate, Select Committee on Nutrition and Human Needs, Washington, D.C.

DEAR SENATORS MCGOVERN AND HART: Enclosed is this Agency's response to the questions sent to us on November 20, 1975. We appreciate the opportunity to provide the attached information prior to your submitting new legislation.

Although no questions referred to participants view of the Program, we can indeed verify their positive feeling that the Program fills nutritional and dietary needs, even if sometimes only partially. We would also stress the economic value of this Program which results in a cost saving to low-income families food budget severely strained by inflationary food prices.

On behalf of those low-income persons, we appreciate your advocacy of this Program which is a most worthwhile one.

Sincerely yours,

CHARLES D. HUGHES, JR.,
Executive Director.

Enclosures.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) The Community and Economic Development Association of Cook County, Inc. (CEDA), serves 6,275 persons each month in suburban Cook County, outside the City of Chicago in its Supplemental Food Distribution Program under the U.S. Department of Agriculture (USDA), supported by a Community Services Administration (CSA) grant.
   (b) There is no ceiling on the Program caseload. The number served is limited only by the Agency's outreach capacity and available funds for administrative overhead support, both of which are provided by a CSA Community Nutrition Program grant.
   (c) See (b).
2. Our actual budget is as follows: Administrative costs annualized, $66,645 CSA Funds. 64,850 Projected Revenue Sharing Funds from municipalities and townships. Total $131,315. Food costs (quoted from USDA estimates): $15 per participant $\times$6,275 =$94,125 per month. Annualized food costs: $94,125 per month $\times$12 months=$1,129,500.
3. (a) The Community and Economic Development Association of Cook County, Inc. administers the Commodity Food Program in Suburban Cook County outside the City of Chicago.
   (b) Fifteen (15) staff persons are budgeted in the grant award from CSA, plus eighteen (18) workers funded through the Comprehensive Employment and Training Act (CETA), Manpower Assistance to Underutilized and Retired Employees (MATURE) Program. CEDA's Contract with USDA provides only for food commodities and not staff or administrative costs.
   (c) Community Services Administration (CSA) is the funding agency, which supplies administration, outreach and the operational funds to distribute the supplemental food commodities received under a separate contract with USDA.
4. All of the current participants served are under the Federally established guidelines for food stamp eligibility, but is only 34.8 percent of those in suburban Cook County who are potentially eligible. In order to reach all those persons who are potentially eligible, an increase in the Community Nutrition Program grant from CSA and/or an increase in local support funds, and/or administrative funds from USDA would be required.
5. (a) The Administrative costs are paid for by the grant from CSA and what financial support the Agency can develop through local municipalities and townships.
   (b) Average monthly administrative budget is $8,050.
   (c) The U.S. Department of Agriculture (USDA) supplies no funding for administrative costs. Their sole contribution is the food commodities.

6. Administrative costs as described in this Agency's program consist of all funds required to distribute the supplemental food commodities, accounting and payroll services, outreach services, warehouse rent, receiving, storage of food and transportation of food to local distribution centers.

Twenty percent of the total costs of the program, including both administrative/operational costs and food commodity costs, would adequately cover, not only current operations, but would allow an expansion of the number of eligible persons to be served to more closely reach the number eligible.

A major problem in meeting administrative costs is expected due to the General Services Administration (GSA) recent announcement that they will be increasing the rental of this Agency program's warehouse space from a present $0.25 per square food ($4,469. annually) to $1.59 per square foot ($26,557.77 annually), a net increase $22,088.77 per year which will severely impair the program.

7. (a) The supplemental foods are shipped into a central warehouse by rail where they are received and stored. Each of the local distribution centers use trucks all donated by the various municipalities, to pick up the commodities for distribution in local centers to the eligible persons in "prescription" lots. The Cook County Department of Public Health and other local health facilities certify "prescription" lots for program participants. Outreach workers, in addition to locating and enlisting potentially eligible participants, are responsible for the actual distribution, usually assisted by community volunteers.

(b) This Agency's system has been highly satisfactory and in recent evaluations by USDA has been commended as an excellent system. Problems generally have been due to a shortage of staff and other necessary supports to the program.

(c) The staff of this Agency's program are responsible for central administration/warehousing and food distribution, outreach, providing or referring to supportive social services (i.e., nutrition education, referrals to other health and welfare agencies, etc.), and promoting and operating food buying clubs which further stretches the food buying dollar of the participants. This latter activity involves an additional 187 low-income *families*, most of whom are also participants in the supplemental food program.

It is estimated that 45 percent of the administrative funds from CSA and local contributions are expended for activities other than actual food delivery.

The cost per participant of this Agency's food delivery is as follows: The average value of food distributed per participant per month is $15. The total administrative cost to operate the program is: Annualized CSA funds $66,465. Per month: $5,538. Donated local funds $64,850. Per month: $5,404. Total $131,315. Per month: $10,942. Cost per participant per month all activities: $10,942 divided by $6,275 equals $1.75 per month. Cost per participant per month food delivery and distribution only (55 percent of $1.75) equals $0.96.

8. (a) An additional $15,000, per year, or 11 percent of our present administrative budget, is required to operate an adequate nutrition education program.
   (b) Next to actual provision of the food commodities to participants, nutrition education has one of the highest priorities among supportive social services needed by the participant. This has added significance when educating the participant in better uses of the donated commodities.
   (c) Due to cutbacks in CSA funding to this Program, no administrative funds are committed to nutrition education at the present time. However, an attempt to maintain a nutrition education program continues by utilizing nutrition components in other programs operated by this Agency as well as volunteer dietitians and nutritionists.
9. Although no foods have been rejected, participants have registered complaints as to the lack of variety in fruit juices and vegetables. They have also stated a desire for rice cereal which was removed from the package. They also would like to see canned fruits in the package.
10. (a) The foods seem to be low in iron unless the farina is fortified.
    (b) *Infants—0–6 months:* Low in vitamin C. Could increase the juice to 3–46 oz cans and preferably orange, grapefruit or tomato juice. Orange is the best tolerated juice at that age. Diet is also low in iron; however, infants have a store to compensate for loss for approximately 6 months.
    Infants—7–12 months: Diet is low in iron. Perhaps the administration of larger quantities of eggs could help increase this level; or if the farina was fortified. Some cereal could be used with higher levels of iron, such as Quick Cream-of-Wheat cereal or Pablum baby cereals which are iron fortified. The diet would also be low in vitamin C unless the juice was citrus and was increased to 3 cans per month.
    Children—13 to 24 months and 2–5 years: May be low in iron and vitamin C depending upon the juices. Vegetables should be high in iron. Citrus juices should be sent monthly; either orange or grapefruit juice.
    Pregnant and post-partum women: Low in iron should add vegetables which are high in iron and cereal which is fortified. Foods are low in vitamin C and perhaps juice should be 6 cans rather than 3 cans to pregnant and post-partum women. This evaluation is only an approximation, in order to do a complete nutritional evaluation, it would be necessary to calculte the nutritional content of each product and compare it to the U.S. RDA of 1974. This is very time consuming and was not done for this report.
    (c) The instant mashed potatoes are in a container which is easily damaged, and a stronger box or reusable can would be desireable.
11. We are unaware of any unfunded supplemental food program applications in Cook County or the counties adjacent to Cook County. This Agency's applications to secure additional funds under the WIC Program for an additional 1,000 participants have been approved by the State but rejected by USDA.
12. Assuming adequate monies were available our total caseload would reach from *13,000* to *14,000* persons monthly and the budget

would be *$250,000* in Administrative funds and *$2,520,000* for food, totaling *$2,770,500.*

13. There has been no medical evaluation of this Agency's Supplemental Food Program, but we are in the process of beginning an examination of infant mortality rates over the five years the program has been in operation. It is our current assumption that an improvement in this area will be due to both improved nutritional diets and the fact that participants are entering into other health and welfare programs, eg., well baby clinics, food stamps program, etc.
14. Participants in the program are referred by local and County Public Health Offices, by other health and welfare agencies and by the Agency's outreach efforts. The food stamp program criteria of income is used for economic eligibility while physicians and nurses certify medical eligibility. A "means test" is prohibited, only a "self declaration of need" is attested to by the participant. The other criteria are those of the Supplemental Food Program guidelines, i.e., children under 6 years of age, pregnant and post partum women, etc.
15. Program recipients, if not already participating, are referred to prenatal and well baby clinics, operated by the Public Health Department and to agencies providing other health and welfare services they require. Program staff have been trained in assisting participants in applying for the food stamp program.
16. This Agency's recommendations for change in the Program are as follows:
    1. That administrative funds be provided by USDA, at a minimum of 20 percent of the food costs, preferably 30 percent.
    2. That USDA strive to give a more varied supply of vegetables, i.e., peas, corn, tomatoes and green bean and fruit juice; i.e., orange, grapefruit and tomatoe juice.

OFFICE OF ECONOMIC OPPORTUNITY,
UPPER DES MOINES OPPORTUNITY, INC.,
Emmetsburg, Iowa, November 25, 1975.

Hon. GEORGE MCGOVERN,
Chairman, Senate Select Committee on Nutrition and Human Needs, U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: I am coordinator for North Kossuth Community Action Program and we do have the Supplemental Action Program in our county. It is part of a 7-County Area administered by the Upper Des Moines Opportunity, Inc.

They will be filling out the questionnaire and returning it to you. If, however, you need client reactions or comments, I can secure those for you. If I can help in any way to further the continuation of this program, please let me know. I feel it is a very helpful program and appreciated very much by our clients.

Sincerely,

DOROTHY SHEIRBON,
Bancroft, Iowa.

P.S. At present I am serving 27 families, with total participants at 138. This is for the north half of Kossuth County.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 700.
   (b) No.
   (c) 1,200.
2. 10,700 all administrative.
3. (a) C.A.A.
   (b) 2.
   (c) Iowa Social Services Des Moines, Iowa.,
4. Most needy are being reached.
5. (a) Community Services Administration.
   (b) $1,300.
   (c) None.
6. Personnel, warehouse, and delivery. Need more than 20 percent.
7. (a) Pre-packaging.
   (b) Yes.
   (c) $1.50 per month per recipient.
8. (a) 200 percent.
   (b) Most important.
   (c) We do not have a nutrition component (education).
9. Yes. Many low income mothers do not know how to use the food stuffs.
10. (a) Yes.
    (b)
    (c) Separate warehouse facilities in each of the 7 counties instead of one central warehouse.
11.
12. Caseload 1,500—budget $60,000.
13. None.
14. Financial eligibility and nutritional need.
15. Public health nurses see each family every six months.
16. 1. Stronger finding.
    2. A required nutritional education component.

MID-IOWA COMMUNITY ACTION, INC.
102 East State Street
Marshalltown, Iowa 50158

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 329.
   (b) No.
   (c) Not available.
2. No formal budget. Board of Supervisors pay for the food the administrative cost is approximately $10,000.
3. (a) Coordinator, Outreach, Warehouseman.
   (b) None.
   (c) Social Services, Des Moines.
4. Yes.
5. (a) County, CSA salaries, transportation.
   (b)
   (c) None.

6. Wages, transportation, heat, lights, rent, fringe.
7. (a) By truck from Des Moines to warehouse by Pick-up to distribution points.
   (b) Yes.
   (c)
8. (a) None.
   (b) Very important.
   (c) Yes. No cost. Total in-kind.
9. Yes.
10. (a) Mostly.
    (b) Larger variety of vegetables and juices.
    (c) None.
11. No.
12. Caseload one-quarter more.
13. No.
14. Nutritional need. Economic eligibility.
15. Yes.
16. 1. Increase income guidelines for low-income *not* on welfare or medical programs.

POLK COUNTY DEPARTMENT OF HUMAN RESOURCES, POLK COUNTY, IOWA

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 2,700 a month.
   (b) No.
2. Not available.
3. (a) State Social Services is the purchaser. Polk County Social Services is the delegate agency.
   (b) 6½.

Coordinator	Velma Flisher
Clerk Typist	Betty Lyman
Registered Certifier II	Thressa Lamar
Registered Certifier I	Betty Martin
Registered Certifier I	Lillian Beaman
Truck Driver and Warehouseman	Mike Butler
Part-time Man	Mike Lyman

   (c) State Social Services.
4. The people who are reached by our program are the ones in real need.
5. (a) Polk County Pauper Fund
   (b)
   (c) Food donated.
6. We do not have outreach at the present. 90 percent of all our referrals come from Public Health Nursing Association. They are the nurses delegated by the physician as his Designees, to sign the prescription forms.
7. (a) By truck to other three (3) counties. (Jasper, Marion and Warren) other than Polk County. Recipients pick up at designated areas.

Jasper County: U.A.W. Union Hall, Newton, Iowa; 1st Monday of each month. Hours: 9:00 A.M. til 12:00 Noon and 1:00 P.M. til 3:00 P.M.

Marion County: O.E.O. Opportunity Center, Knoxville, Iowa; first Tuesday of each month. Hours: 9:00 A.M. til 12:00 Noon.

Warren County: O.E.O. Opportunity Center, Indianola, Iowa; first Wednesday of each month. Hours: 9:00 A.M. til 12:00 Noon.

In Jasper County the Public Health Nurses and union officials cooperate with us 100 percent. In Warren and Marion County I'm sorry we do not have that kind of cooperation. As we do not have any outreach whatsoever, only by word of mouth I feel we do fairly well.

(b) Yes definitely with the exception of no outreach, and lack of staff.

(c) $3.90.

8. (a) 10 percent.
   (b) I feel nutrition plays a big part in having a successful program.
   (c) No. Only thru the Polk County Extension Service. The extension people work with our recipients on a one to one basis as well as in groups. (It is nothing out of our budget.)
9. Once in a while people do reject different products. Some times they still have some left on hand. Example, Farina in the hot months especially they do not use as much. But thanks to our extension people, they are being educated in many different ways how to use their food supplements. However our recipients are advised that they need not take any item they do not want. They also know that we cannot substitute one item for another.
10. (a) I am completely satisfied with the nutritional value in the food that we are receiving now.
    (b) I would like to see more items added.
11. No.
12. 10,000 roughly per month. I really cannot project a budget. This would include larger warehouse space, more staff including outreach.
13. No.
14.
15. No, unless of course General Relief.
16. As I said, more items. I would also like to see the program expanded to include all low income persons. I do not feel the Food Stamp program is designed for the poor people. I would very much like to see a person or family be able to pick up commodities one month and food stamps the next. I am not talking supplemental food now I am talking Commodities. Something like they have in Bend, Oregon. (Deschutes County) "ABUNDANT FOODS."

That way more youngsters may have a chance for a better healthier life if a nutrition program was included.

We need to reach all people who have an inadequate diet for what ever reasons.

"PEOPLE TEND TO LET FOOD GO."

"LAND LORDS WILL THROW YOU OUT."

"LIGHTS, GAS AND WATER WILL BE TURNED OFF."

"LOAN COMPANIES WILL REPOSSESS THAT BEAUTIFUL LONGED FOR TELEVISION."

"NO ONE DOES ANYTHING ABOUT IT IF YOU DON'T EAT."

BUT MALNUTRITION BEGINS.

Many sicknesses and handicapps are visable, malnutrition is not readily visable. BUT IT IS A KILLER.

STATE OF LOUISIANA,
COMMUNITY SERVICES ADMINISTRATION,
Baton Rouge, La., December 5, 1975.

Hon. GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs, U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: In reply to your letter of November 20, 1975 regarding status of the Supplemental Food Program in the State of Louisiana, attached is a completed questionnaire on this subject—along with other correspondence which should prove helpful in our quest for continuance of this most valuable program.

It is the hope of the state of Louisiana, and our office particularly, that the Supplemental Food Program (which is one of a kind) will continue to serve the people in need for many years to come. Since 1968, when this program first surfaced, the state of Louisiana has benefited substantially from this program and has received many accolades from its recipients. We like to think that we have the finest Supplemental Food Program in the United States. It should be preserved.

If you should desire more information on the Supplemental Food Program operations in this state please feel free to contact us. Thank you for your assistance.

Sincerely,

DAVID B. SELF, Jr.,
LCSA Director.

Enclosures.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 15,523 (October 75).
   (b) Yes.
   (c) Need more food distribution centers. Orleans Parish—25,000. Webster Parish—2,000.
2. Annual cost of USDA foods is estimated at $1.5 million. Louisiana State provides $180,000 for storage, etc.
3. (a) Louisiana Community Services Administration.
   (b) 4.
   (c) Archdiocese of New Orleans, Family Planning, New Orleans City Health & Charity Hospital, Webster Parish Health & Community Action Association are contracted with Louisiana Community Services Administration. Louisiana State Community Services Administration has contract with USDA-Food and Nutrition Service.

4. Yes. However, transportation is necessary to get eligibles to food distribution centers.
5. (a) Louisiana State Community Services Administration.
   (b) $15,000.
   (c) Costs of food and rail transportation.
6. No. No Federal dollars are expended for this purpose—only state funds.
7. (a) Trucks from warehouses.
   (b) Yes.
   (c)
8. (a) USDA may advise.
   (b) Much. Food demonstrations now in existence.
   (c) Mostly done by Family Planning Offices in New Orleans and Webster Parishes at their expense.
9. No.
10. (a) Yes.
    (b)
    (c) None.
11. Do not know of any.
12. In the two parishes where pilot program is in effect all qualified persons are being served to the best extent possible.
13. City Health Department would have this.
14. State follows the instructions received by USDA-Food and Nutrition Service, Dallas, Texas.
15. Not known.
16. We are satisfied that we have a most successful Supplemental Food Program. If we could continue with the food package that we have, we believe that the people that we serve would continue to be satisfied with the food received (that is if USDA sends all the food that we order) and that the program would be well received by all who participate—possibly with the exception of USDA who seem content to phase this program out for a lesser program (WIC serves children up to 4 years old where we serve children up to 6 years old). We are confident that our high protein Supplemental Food Program cannot be surpassed by anything now being offered by the USDA and highly recommend its continuance.

FOCUS: HOPE,
FOOD PRESCRIPTION PROGRAM,
Detroit, Mich., January 12, 1976.

Hon. GEORGE MCGOVERN,
Hon. PHILIP A. HART,
U.S. Senate,
Select Committee on Nutrition and Human Needs,
Washington, D.C.

DEAR SENATORS: Enclosed is our response to your recent questionnaire on the commodity supplemental food program.

I am happy to acknowledge that our report and recommendations were prepared with the assistance of Ann M. Byrne, Chief of Nutrition Services for the Wayne County Department of Health, DMIC–PRESCAD Project. Ms. Byrne is one of the original founders of the

supplemental food program in Detroit and has provided nutritional consultation to Focus: HOPE on numerous occasions.

With Best Wishes,

CHARLES M. GRENVILLE,
Director.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) *Number of recipients:* 25,208 (October 1975).
(b) *Caseload ceiling:* 35,000.
(c) *Reaching the authorized caseload-total requested caseload.*

The caseload ceiling of 35,000 is an increase from the previous level of 15,000, authorized by the USDA in March 1975. The program has been steadily growing since then, and can be expected to reach its authorized caseload in approximately one year.

The number of persons in the city who need and qualify for supplemental food is officially estimated by the Detroit Health Department at 105,000. About 9,000 of these are currently being served through the WIC program, with an anticipated growth to 12,000 in the coming year. The combined service of the Food Prescription and WIC programs, at their full authorized caseload levels, thus still falls short of the city's estimated need by more than 50 percent.

Serving this entire need will certainly require, as it has in previous instances of attempted program growth, overcoming two problems: the USDA practice of fixing caseload ceilings and the limited amount of administrative funding available from the CSA. For the moment, attaining even the current authorized caseload level may require the resolution of two inter-related problems which can only loom larger the more the program grows. These have to do with outreach and the availability of certification resources. It seems appropriate to identify and discuss them here, because in our opinion they are structural to the supplemental food program itself, and tend to act as inherent limitations on program size.

(1) *Outreach*

Outreach, a function not funded under the Food Prescription Program's present administrative grant, is needed for two reasons. First, in order to reach those *most* in need. Secondly, in order to reach *all* those in need. The two objectives seem closely related, in that those "most in need" may be the last reached—i.e. reached only when all are.

The importance of outreach is related to a program's capability of serving the entire needs of a community. Up to a certain point, those who are aware and practiced in using available services tend to be early and steady participants. They may all be described as in need, and many of them as persons 'most in need.' Increasingly, however, those still not participating are the unaware, depressed, apathetic and unmotivated, with a higher proportion of persons 'most in need.' To motivate the latter, an effective outreach campaign becomes a more critical program activity.

Perhaps everyone in need will never be reached. Nevertheless, the Food Prescription Program seems to be approaching the time when we should go beyond reliance on media coverage, the cooperation of

other agencies, and word of mouth to increase community awareness and participation.

(2) *Certification resources*

The integration of food prescription with other services offered by the health professional is a highly attractive quality of the program and wise social policy. But it also represents an inherent limitation on program size. For in the final analysis, given unlimited food availability and administrative funding, dedicated health personnel and a simple certification process, only that number would still be able to participate as the available agencies and health professionals are capable of serving. In a city such as Detroit, this essential limit will have to be faced long before the Food Prescription Program reaches 105,000 persons, and is becoming a problem even in the attempt to reach 35,000.

There are several obvious answers to the problem. The first is to insure that all possible certification resources in the community are being used. The second is to increase the number of health professionals serving the poor. The third is to augment the service of health professionals with trained paraprofessionals and volunteers. We are already at work on all three of these approaches.

To reach all those in need the certification or food prescription service should be as universally available as possible. This means including as certification resources not only the publicly-funded agencies, but all the private physicians and groups with a large Medicaid practice. Up to the level of about 20,000 participants, the Food Prescription Program relied principally on publicly-funded agencies, all of which provide certifications. Growth beyond that point has been increasingly dependent on enlisting the participation of the private sector, and we have been adding about 5 physicians or groups per month. Their thousands of Medicaid patients are the largest group of low-income persons still unreached.

The Wayne County Medical Society and the Osteopathic Association have assisted by publishing newsletter articles urging their member physicians to provide food prescriptions. A significant number of these, however, seem not particularly sensitive to the nutritional needs of their low-income patient, not accustomed to rendering a service for which no fee can be attached, and willing to participate in the Food Prescription Program only with some reluctance and as minimally as possible.

Over the long term, more nutritional education in the training of doctors and nurses would probably be helpful. But in the short term, the Food Prescription Program's approach has been to stimulate patient demand for the service in individual cases, and then to assist the physician to supply it. Within the next few months, however, we will attempt a more direct approach to doctors through various professional organizations and individual letters or visits.

A much more effective solution would probably be to make nutritional assessment and food prescription a reimbursable service under Medicaid. The Detroit Task Force on Hunger and Malnutrition recently attempted to convince the State to make this a service under the Michigan HMO Plan (which has a large Medicaid contract) but were told that federal provisions in this matter were not clear enough.

The provision of nutritional services under Medicaid would probably mean some increase in the professional staff of various Medicaid and HMO groups—thereby helping to offset the actual decline in the number of health professionals working in publicly-funded health agencies over the past year. Budgetary shortages have led to personnel cutbacks, hiring freezes and a reduction of services in these agencies during a time of increasing need. And this has meant a relative decline in the capacity of these agencies to provide food prescriptions.

To resolve the problems of outreach and certification, a proposal was jointly prepared by Focus: HOPE, the Detroit Maternity and Infant Care-PRESCAD project, and the Detroit Department of Health in September 1974, and submitted by the latter to the State of Michigan. The proposal asked the State to fund twenty Nutrition Aide positions in Detroit, along with a modest training budget and funds to develop outreach materials. The total amount requested was $227,133, and this figure was more than matched by anticipated in-kind contributions. A copy of the proposal is appended as *Attachment #1.**

Our basic concept was to train paraprofessionals in the eligibility and certification procedures of all feeding programs, and particularly to qualify them as certifiers for the Food Prescription and WIC programs. Alternating their work in the clinics and the community, these persons would be expected to certify for the supplemental feeding programs and/or to advise on the eligibility and method of applying for other programs, especially food stamps. A small amount of outreach funds were to be used to develop information materials which could be given widespread publication by newspapers, radio and television.

The proposal was made to the Governor's office, which replied that a legislative appropriation would be needed. Some months later it was submitted to the Committee on Public Health of the State House of Representatives, and little has been heard of it since. In the interval Focus: HOPE has begun to recruit Volunteers to assist in the clinic on a limited basis.

Those concerned with supplemental feeding in Detroit, however, still consider the approach suggested in this proposal a necessary and viable one, and among our top priorities. This position is reflected in our comments on nutrition education. (See 8.(b).)

Without some sort of increase in the number of health professionals or some extension of their capabilities through paraprofessional assistance, it really seems doubtful whether any supplemental feeding program could reach the vast number of people in need in our large urban populations.

2. *Current budget:* $6,693,000. *Food costs:* $6,200,000,[1] *administration:* $493,000.[2]

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* See p. 47.

[1] Food costs can only be estimated. We do not know the amount paid by the USDA for food purchase and delivery. The present figure is based on the retail prices of the same or comparable foods, averaged between a poverty-area chain store and small independent in July, 1975, and projected against anticipated participation during the 1975–76 program year. In this survey, we found the retail value of the various food packages to be as follows: $14.08, 0–3 months; $15.71, 4–12 months; $26.06, 1–2 years; $19.46, 2–5 years; $16.17, mother.

[2] Administrative costs are covered under a grant from the CSA, Community Food and Nutrition Services. The total grant for 1975–76 is $493,181, and is composed of $325,000 in the form of a new grant from the Chicago Region V CSA office, $108,181, in 1974–75 carry over funds, and $60,000 from discretionary funds of the CSA Director. This amount is sufficient for the service of 35,000 participants.

3. (a) *Commodity program administration*

To our knowledge, all commodities in Michigan are administered by the Food and Nutrition Services division of the Department of Education, State of Michigan. There is no administrative apparatus for commodities at the level of county government.

(b) *Number of staff persons*

All 33 staff persons directly engaged in Food Prescription Program activities are budgeted under the CSA administrative grant. Other Focus: HOPE personnel contribute substantially to the success of the Food Prescription Program, but without cost to the program budget.

(c) *Contracts*

At least two contracts exist. One is between the State of Michigan (Department of Education) and the City of Detroit in regard to the handling of commodities and observance of USDA supplemental food regulations. The other, regarding the CSA administrative grant, is between the City of Detroit and Focus: HOPE. The former is the actual, legal recipient of CSA funds. Focus: HOPE administers the Food Prescription Program as the City's delegate agency, under provisions of the contract. Focus: HOPE is, however, recognized by name in CSA grant papers as the ultimate recipient of the grant.

4. *People "most in need":* See above, 1.(a) (1), (2).

5. (a) *Who pays administrative costs*

Administrative costs are covered exclusively under a grant from the CSA, Community Food and Nutrition Services. This is supplemented to a great extent, however, with services and materials contributed by volunteers, local organizations, and other agencies.

(b) *Actual costs for a recent month:* $39,955 (October 1975).

(c) *USDA share of administrative costs:* 0.

6. *What constitutes administrative costs-cost of other services*

Administrative costs are the following: Personnel (salaries, wages, benefits); Consultant and Contract Services (required annual audit by independent CPA firm); Travel; Space Costs and Rental (rental of food storage/distribution facilities, utilities, maintenance); Consumable Supplies (record forms, printing, office supplies, cleaning and warehouse supplies, grocery bags, etc.); Equipment Lease and Rental (warehouse and office equipment); Other Direct Costs (Insurance policies, telephone and telegraph, rodent control service, railroad demurrage, etc.).

If the administrative funding were extended to cover outreach, nutrition education, etc., I am inclined to believe that 20 percent of the total yearly budget would be sufficient.

7. (a) *Food delivery system*

Our system is to unload supplemental food directly from railroad trains into two large storage-distribution facilities. The facilities are located on railroad sidings, are clean and attractive in appearance, have adequate parking, proximity to major thoroughfares and to low-income residential areas.

For distribution, the food is simply unpacked and placed on shelves as in a supermarket. Participants, using an individualized family list of maximum amounts to be taken, shop for the foods, exercising options of rejection and selection (when more than one kind of product is available). The actual supplement taken is recorded at a check-out counter, packaged, and carried out to vehicles. Inventory control is achieved by comparing check-out totals with physical inventories.

Participants obtain the entire supplement once each month, and may come on any day Monday-Friday, 11:00 a.m.–7:00 p.m. Those without any other means are provided free transportation by volunteers (about 500 trips per month).

(b) *Evaluation of system*

In our opinion, this system has proven itself economical, efficient, and effective. The direct unloading from trains into the facility and the shopping procedure eliminate two handling steps which would otherwise increase costs. The contribution of volunteer drivers deals effectively with the transportation problem which is intrinsic to all commodity supplemental food programs.

There is one major improvement which should be made to further reduce costs and improve the system. That would be for the USDA to follow the now normal practice of the food industry by contracting to have its food shipped on pallets. (At present, all foods arrive in cartons stacked tightly inside the trains and must be handled one by one.) The result would be a saving in labor costs—three/men, using automated lift equipment could unload the train in about two hours, rather than the present effort of six men over eight hours—and a dramatic, substantial saving in the amount supplemental food programs must pay in railroad demurrage charges.

(c) *Cost per participant*

Taking October, 1975 as an example, the monthly cost per participant was $1.59 ($39,955 administrative expenses divided by 25,208 participants). The most important aspect in considering cost per participant, however, is that supplemental food programs tend to have largely fixed costs.

Consequently, the more persons participating, the lower the cost per participant. For example, projecting a month in which Food Prescription Program participation rises to 35,000 persons, administrative costs will still be about $42,000. The result would be a $1.20 cost per participant. In 1974–75, the average cost per participant in the Food Prescription Program was $1.29. The monthly cost per participant in 1975–76 should average about $1.45–$1.40 for the year.

8. (a) *Nutrition education costs*

1 percent of $6.7 million, or $67,000 would enable us to supplement nutrition education personnel in the participating clinics. A much more adequate program, combining outreach, certification, and education would require about 6 percent of $6.7 million, or $402,000.

(b) *Importance of nutrition education*

In the setting of the supplemental food program, nutrition education takes its value in association with actual food assistance. In our opinion, an adequate nutrition education program would combine nutrition assessment to detect problems with a treatment plan including nutrition information and food assistance. Supplementing this focused effort would be general nutrition education programs presented through participating health agencies and local media.

(c) *Present nutrition education*

The Food Prescription Program does not have a nutrition education component as such.

Nutrition education and counseling are provided through virtually all of the publicly-funded participating health agencies, but are notably absent in the case of Medicaid and HMO groups. One of the

publicly-funded agencies, the DMIC-PRESCAD Project, which certifies approximately one-third of Food Prescription Program participants, offers nutrition education at nine clinics, representing an estimated $50,000 in in-kind services to those of their patients using the program.

Nutrition education dealing with the usage of supplemental foods is, however, a feature of the Food Prescription Program. This service, in the form of demonstration cooking, with distribution of samples and copies of recipes, is provided free of charge by the Home Services Division of the Neighborhood Services Department (City of Detroit) and by the Expanded Nutrition Program (Wayne County Extension Services). Similarly, supplemental food demonstration luncheons and a current supplemental food recipe contest for participants have been sponsored by the Michigan Consolidated Gas Company.

9. *Rejection of products*

About 4 percent of the scrambled egg mix which could be distributed according to USDA rates and about 2 percent of the farina is rejected each month. In our opinion, this has to do with the difficulty of using these foods, and a lack of either cooking skills or motivation, especially among younger participating mothers.

Farina poses an additional problem. Nutritionists caution mothers *not* to use farina as a food for infants under five months of age, because of wheat allergies. A non-wheat, infant cereal should be provided instead. The baby picture should be removed from the farina box.

10. (a) *Nutritional value of supplemental foods*

(1) The *protein* value of the present supplement is much too low.

(2) The *variety* of foods offered is too limited.

(b) *Changes in the food package*

We would suggest the following changes:

(1) Make infant formula and special formulas available.

(2) Increase the meat supplement to three cans per person monthly.

(3) Distribute peanut butter monthly.

(4) Add cheese, beans, and tuna as products for monthly distribution.

(5) Insure a variety of choices in products such as meat, vegetables, fruit juices, and cereal.

(c) *Changes in delivery*

A certain amount of flexibility on the method of delivery should be allowed to each locality. A supplement of the quality and variety desired might be economically feasible if the option were allowed for direct wholesale buying at the local level combined with the distribution system now being used by the Food Prescription Program.

11. *Unfunded project applications*

During the past few years, we have been contacted by health and human service agencies and by interested leaders throughout the United States inquiring about how to apply for the commodity supplemental food program. And these inquiries have continued even since the WIC program became available. We have had to advise these persons that an application for a new commodity supplemental food project was probably futile, and that an application for WIC was more likely to succeed.

68-151—76——4

12. *Total caseload and budget:* 105,000 monthly participants; $28.6 million annual budget.

13. *Medical evaluation*

A very limited evaluation was conducted at the DMIC–PRESCAD clinic at Crittenton Hospital in 1972. The results are appended as *Attachment #2.** That agency expects to have more reliable evaluation data in the coming year.

It is difficult and not strictly valid to ascribe improved health directly to the supplemental food program. There are, however, some indications that combined health care and food assistance are having an effect. The DMIC–PRESCAD project, whose nine clinics have participated in the Food Prescription Program since its beginning in 1969, report an anemia incidence of 10 percent among their patients, contrasted with a national incidence among like populations of 30 percent. The infant death rate in Detroit has been reduced from 27.4 per 1,000 live births in 1969 to 25.8 per 1,000 in 1974.

14. *Eligibility criteria*

(1) Eligibility must be determined by a health professional, i.e. a doctor, nurse, nutritionist, medically trained health official, or person designated by the preceeding as competent to evaluate nutritional risk.

(2) "Inadequate income" for purposes of the Food Prescription Program means "medical indigency". Anyone participating in maternal and child health programs, public assistance programs, the Food Stamp Program, or receiving "free or substantially free health care provided by OEO Neighborhood Health Centers, or by the state, county, or local public health services" automatically meets income eligibility standards for the program. Likewise, anyone found to be medically indigent "on the basis of a statement by the patient that she is unable to afford private medical care for herself or her infant" has met income eligibility standards. Only "in case of any questionable misrepresentation", must "an evaluation of the patient's resources" be made.

(3) "Nutritional risk" (vulnerability to malnutrition) may be measured by interview, examination, or clinical testing, according to generally acceptable standards and the judgment of the health professional. Nutritional risk is assumed and defined as a dietary intake which meets less than two-thirds of the Recommended Dietary Allowances established by the National Research Council.

15. *Affect on participation in other programs*

The common opinion of participating agencies is that the supplemental food program has substantially increased the utilization of health services and attracted many low-income persons who would not otherwise have sought or received adequate health care.

16. *Priority recommendations*

(1) Improve the protein content of the food supplement.

(2) Provide dependable administrative funding which is adequate to cover administration, outreach, certification and nutrition education.

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* See p. 53.

ATTACHMENT 1

City of Detroit,
Detroit, Mich., September 16, 1974.

Community Outreach for Nutrition programs

Because of a continuing concern and persistent attention to the nutrition problem of many citizens, especially women, infants and children, the State of Michigan and the City of Detroit have gradually become a leading force in the nation to improve the response of the federal government to this critical need. With the leadership of Governor Milliken and others recognizing the importance of this nutritional crisis, national support has been gradually developed through letter writing, personal calls, appearances before congressional committees, etc. generating an increasing pressure on the United States Department of Agriculture to forthrightly initiate improvements in their efforts to help the nutritionally disadvantaged.

The present impact on the Detroit area of these efforts is reflected in two impending actions:

Food Prescription Program which has been operating at a level of 18,000 enrollees has been granted the administrative budget to expand their effort to 35,000 if USDA approval to provide food for that increase is received.

The Detroit proposal for a WIC project is being approved by the USDA on a nine-month grant to reach a maximum of 12,000 eligible clients.

If we assume both of these actions take place in the near future, a major breakthrough will have occurred and the successful implementation of these two efforts can provide the firm foundation for reaching the important future objectives we share in this area. Realistically we must be aware of the constraints and obstacles that must be faced. A major one is the difficulty in motivating hard to reach people, especially with both programs having some less than desirable required characteristics. As we move closer to implementation of these actions, the need for more concentrated community outreach to ensure participation in both of these programs has become apparent.

AVAILABLE RESOURCES

The available or potentially available resources to concentrate on reaching out into the community to get people to participate in these two programs include:

The Detroit WIC project proposal contains approximately $100,000 to be used for clerical support and health examinations at the clinics which is required by the USDA, so they will not function in the field. In addition, several community service workers are provided by the grant whose primary responsibility will be to monitor services pro-

vided from the client, vendor and grant administration viewpoint. Personal community outreach is not supported.

The Food Prescription administrative budget for Focus Hope is funded through OEO. A copy is available which describes the present and potentially increased budget for the various aspects of the program. Funds are not provided to accomplish certification or outreach at the present time and either volunteer or health center personnel are depended on to respond to these needs.

Personnel of official health centers in Detroit have extended themselves as far as possible in their support of the Food Prescription Program in certifying at the level of 18,000 and there is no chance of additional help from that direction if the expansion is approved to 35,000.

The State of Michigan's extension service program through MSU has approximately 15 nutrition aides presently functioning in the Detroit area and their present responsibilities do not include concentrated attention to the community outreach needed for these two projects.

Volunteer services are an important current resource and should be expanded and used to the greatest extent possible both for professional and lay person participation. However, this must be considered as supplementary to a basic organizational effort of community outreach and not depended upon to fulfill this role solely.

These present resources do not have the potential of supporting an outreach effort needed to successfully reach our objectives.

OBJECTIVES

Having identified at least a level of 105,000 women, infants and children in Detroit as nutritionally disadvantaged, the *short-term objective* is to successfully implement the WIC and the Food Prescription Program to reach 47,000 by July 1, 1975. The importance of reaching this short-term objective is emphasized by the knowledge of how the USDA will utilize a documentation of our failure to reach this objective in their overall campaign to minimize nutritional efforts in urban centers.

The *long-term objective* is to integrate these two programs into one service for needy women, infants and children which would include the desirable characteristics of each program and be funded to respond to all the eligible nutritionally disadvantaged in this area. Success in reaching the short-term objective will greatly enhance the potential of achieving this long-term objective.

PROPOSAL

To succeed in the short-term objective of implementing the Food Prescription Program and the WIC project to the maximum level of 47,000 by next July 1st, resources are requested from the state for support starting this fall.

The appendix attached describes the proposed budget, the in-kind contributions, the financial value of the food assistance programs, and the locations where they would function.

It is estimated that 50 percent of the aide's time will be spent in the field contacting and helping to motivate participation in the two

women, infants and children feeding programs. In addition, they will provide information and/or referral to the Food Stamp and Senior Citizen programs as well as serving as a contact referral to the social worker involved for other individual social problems.

It is also essential that a similar response to the need identified in this material be considered for inclusion in the state budget for the fiscal year 1975–76.

Enclosure.

POSSIBLE POINTS IN OUR RATIONALE

1. Malnutrition and hunger, due largely to economic deprivation, unemployment, soaring food prices, and high mark-up in central city stores (characteristically small and medium independents), is an extremely widespread problem in Detroit.

2. Virtually none of the existing food assistance programs serve all of those who need and are eligible for the programs and for whom they are intended.

3. Some food assistance programs do not reach all of those eligible because of budgetary restraints. For example, the Food and Friendship Program is only able to serve about 1600 elderly Detroiters when it is known that 50,000 Detroit Senior Citizens have incomes below the poverty line.

4. The major food assistance program, Food Stamps, serves only about one-half of those eligible in Wayne County. An important reason for this is the lack of adequate outreach resources. The loss to Wayne County in potential federal food stamp bonus payments is estimated at more than $2 million per month.

5. Lack of decent outreach and nutritional education efforts aggravate problems of malnutrition and hunger, leave many needy persons ignorant of the services available to them or confused about how to obtain food assistance.

6. Malnutrition and hunger is an identifiable major factor contributing to a host of health and social problems.

7. From a health standpoint, and in terms of its future costs to society, malnutrition among pregnant and lactating women, infants and preschool children makes these the "most vulnerable group" and the priority focus for our efforts.

8. It is estimated that 105,000 Detroit women, infants and children qualify to take part in existing federal supplemental food programs.

9. At the present time, 18,000 women, infants and children are receiving monthly dietary supplements through the Focus: HOPE Food Prescription Program. The selected USDA commodities distributed through this program have an estimated annual retail value of $3.2 million.

10. In the coming year, however, Detroit will have a unique opportunity to mount a massive and intensive attack upon maternal and child hunger:

The Detroit Health Department has received a *$2.6 million* grant to operate a Women, Infant, and Children (WIC) supplemental food program for *12,000* participants, beginning October 1, 1974.

Beginning September 1, 1974, Focus: HOPE's annual administrative budget (OEO–EFMS) was more than doubled to *$425,000*. This grant is intended to enable the Focus; HOPE Food Prescription Pro-

gram to serve *35,000* monthly participants. USDA agreement to provide the additional supplemental food is expected shortly. At this level, the annual value of the program will be approximately *$6.5 million*.

It is therefore apparent that in the coming year supplemental food assistance, worth more than *$9 million* can be extended to *47,000* persons through the two programs.

11. Unlike other food assistance programs, however, supplemental food programs are designed as *health* programs. The dietary supplement provided is considered part of preventive health care in connection with pregnancy, birth and early childhood development. By law, determination of need and eligibility for both the WIC and Food Prescription Programs must be made by a health professional (Doctor, Nurse, Nutritionist) or by someone designated as competent to perform the necessary nutritional assessment.

12. For neither program, however, does the U.S. Department of Agriculture provide adequate (in the case of WIC) or any (in the case of Food Prescription) financial assistance to the public health authorities upon whom the responsibility for certification falls.

13. It is therefore apparent that the usefulness and success of either program in any given community depends ultimately on the public health resources available.

14. While enjoying the unprecedented possibility of assisting 47,000 undernourished mothers, infants, and children and providing them with more than $9 million worth of urgently needed food in the coming year, all Detroit public health facilities combined do not nearly possess enough personnel to perform the necessary nutritional assessment and certification for so many persons.

15. It is apparent therefore that both the WIC and Food Prescription Programs will be underused and fall far short of our goals, unless additional certification personnel can be placed in various, key public health facilities.

16. We are therefore turning to the State of Michigan for a grant of $227,133, the "little extra" needed to take full advantage not only of the multi-million dollar supplemental food programs available, but also those other programs, especially the Food Stamp Program, which fall short due to lack of adequate outreach.

17. Our basic plan is to train and employ twenty "Nutrition Aides," under the direction and ongoing supervision of a professional Nutritionist. They will be placed at various public health facilities throughout the City of Detroit, and through primary and regular in-service training, will be enabled and assigned to perform the following functions:

Provide the nutritional assessment and certification necessary for participation in the WIC and Focus: HOPE Food Prescription Programs.

Provide nutritional counseling and education in regard both to good eating habits and good buying practices.

Provide direct, factual, and detailed guidance on how to apply for and use all other food assistance programs, particularly the Food Stamp Program.

Provide information on other consumer, home economic, and social services available to assist with food-related problems.

Finally, the Nutrition Aides will be assisted by one full-time Social Worker. Our experience has confirmed that serious food problems are almost inevitably conjoined in reality with other severe socio-economic problems. Though one Social Worker is hardly adequate to deal with these, it is expected that this person will be able to accept referrals from the Nutrition Aides regarding particularly serious or unusual problems, and provide the guidance, intervention, or direct assistance needed.

Anticipated budget

I. Personnel:	
(a) Twenty (20) nutrition aides at $8,000 plus 15 percent benefits ($9,200)	$184, 000
(b) One (1) coordinator/supervisor (professional nutritionist) at $12,500 annual salary for 13 months, plus 15 percent benefits	15, 583
(c) One (1) social worker at $12,000 plus 15 percent benefits	13, 800
Personnel subtotal	$213, 383
II. Training:	
(a) 70 classroom hours at $15 per classroom hour	1, 050
(b) Materials for twenty trainees at $25 per trainee	500
Training subtotal	1, 550
III. Outreach expenses:	
(a) Paper, printing, duplicating of outreach materials	6, 000
(b) Office supplies and postage	2, 000
(c) Production of six (6) TV-radio (package) public service spots at $700 per package	4, 200
Outreach expenses subtotal	12, 200
Total anticipated budget: (annual)	227, 133

Anticipated in kind contributions to Outreach effort

I. Space and equipment (estimate)	$12, 000
II. Media assistance:	
(a) Radio public service spots ($70 per spot, estimated at five stations, four times daily, 300 days per year	420, 000
(b) Television public service spots ($70 per spot, estimated at three stations, twice weekly, 50 weeks per year)	21, 000
(c) Newspaper assistance (printing of full-page food program descriptions at $3,000 per page for five programs; 10,000 copies (reprints) of each full-page program description for five programs at 2 cents per reprint	16, 000
Total	457, 000
III. Other volunteer efforts:	
(a) Volunteer Outreach assistance (estimated 300–500 volunteers)	N.C.
(b) Supplemental food cooking demonstrations of the expanded nutrition program and Michigan Consolidated Gas Co	N.C.
(c) Volunteer speakers time (estimated 10–15 presentations to churches, civic groups, block clubs, and other community organizations per month)	N.C.

Annual financial value of food assistance programs which this Outreach effort will serve

I. Certification for WIC and food prescription programs:	
(a) WIC	$2, 600, 000
(b) Food prescritpion program (present worth: $3,200,000) anticipated 1974/75 value	6, 500, 000
(c) Food Stamp program	[1] 29, 000, 000
(d) Food and friendship	845, 000
Total	38, 945, 000

[1] Estimated annual value of Wayne County current Food Stamp bonuses only.

ANTICIPATED ASSIGNMENTS OF TWENTY NUTRITION AIDES[1]

Two each (4):
Grace Ross.
Gratiot.
One each (16):
CHASS.
Bruce-Douglas.
Northeast.
Herman Kiefer.
Hutzel.
Mt. Carmel.
Crittenton.
Detroit Memorial.
Mom & Tots.
Gloria Bigham PRESCAD.
Franklin Settlement PRESCAD.
Downriver PRESCAD.
St. Joseph Mercy Hospital Clinic.
Children's Hospital-James Couzens Memorial Clinic.
Two MCHRD Clinics.

[1] Aides will be assigned to centers for clinic sessions and will also function in the field an estimated 50 percent of their time. Reassignments may be made as determined by need.

ATTACHMENT 2

Supplemental Food Program Evaluation Detroit Maternity and Infant Care Project—Crittenton Hospital, January 1972

In February, 1969, the Detroit Maternity and Infant Care Project's clinic at Crittenton Hospital became the first certification center for supplemental foods in the city. The Supplemental Food Program in Detroit has overcome many barriers to its existence. It has progressed from a token program serving 500 participants per month in 1969 with donated distribution services from the Salvation Army, through a decentralized program serving 3,500 in 1970–71, operated by the Salvation Army and funded by the local Office of Economic Opportunity, to its present status of a centralized program with the capacity to serve 15,000 which is administered by Focus: Hope and funded by O.E.O. at double the previous level.

Crittenton has continued to certify pregnant women and their children throughout the metamorphosis of the food program. Sixty-four (64) families who were certified at Crittenton in 1969 are still participating in the program. Descriptive data has been collected on thirty-six (36) mothers from these families who were enrolled in the Supplemental Food Program at sometime during their pregnancies.

PRENATAL DATA

1. Sample size—36 patients whose length of enrollment in the Supplemental Food Program prior to delivery varies from one to nine months.

2. Age of mothers—Range is 15–37 years. Mean age is 22.8 years. 7 patients are 17 years or under.

3. Parity—4 primiparas (first pregnancy); 18 multiparas (two or more pregnancies); 13 grand multiparas (four or more pregnancies).

4. Hemoglobin at delivery—Mean is 11.5 grams. Percent anemic (10 grams or below) is 19%.

5. Infant birth weight—Mean is 7 pounds 5 ounces. Percent low birth weight (below 5 lbs. 8 oz.) is 8%. Percent low birth weight in 17-and-under group is 0%. (17 and under is high-risk for low birth weight infants). Mean cord hemoglobin is 19.1 grams.

6. Obstetric course—38 live births, 2 sets of twins, 1 neonatal death for a perinatal mortality rate of 26.3 per 1,000 live births.

The percentage of low birth weight infants for the complete Crittenton program is 14%. The perinatal mortality rate for the Crittenton program is 35.2 per 1,000 live births.

Infants whose mothers have delivered at Crittenton are eligible for pediatric care in the Crittenton Infant Clinic for one year after birth. Thirty out of the 37 infants in this sample were seen at least

once at the Crittenton Infant Clinic. Eighteen of these infants continued to receive care through six months of age and five of the 18 remained in the program until their first birthday.

All Detroit Maternity and Infant Care Project clinics are now certifying patients for the food program. An effort is being made at each clinic to collect data such as the above. A larger sample size should lend greater validity to the data collected. From the small sample reported here, it would seem that prenatal participants in the Supplemental Food Program have a lower percentage of low birth weight infants and a lower perinatal mortality rate than the Crittenton average.

ANN MARIE BYRNE,
Chief Project Nutritionist,
Detroit Maternity & Infant Care Project.
W. LOUISE LEE,
Nutritionist,
Crittenton Prenatal Clinic.
CARRIE NELMS,
Nutritionist,
Crittenton Infant Clinic.

HUMAN DEVELOPMENT CORPORATION
OF METROPOLITAN ST. LOUIS,
St. Louis, Mo., December 10, 1975.

Hon. GEORGE MCGOVERN, *Chairman,*
Hon. PHILIP A. HART,
U.S. Senate, Select Committee on Nutrition and Human Needs, Washington, D.C.

DEAR SENATORS MCGOVERN AND HART: The Human Development Corporation of Metropolitan St. Louis began operating a Commodity Supplemental Feeding Program in September of 1969. At that time, it was estimated that approximately 15,000 pregnant and postpartum mothers and children under the age of six (6) years were at risk due to insufficient nutritional and medical services.

For the past six (6) years, we have operated this extremely popular and beneficial program in the City of St. Louis and in St. Louis County, with food provided by USDA and funds from the Community Services Administration (formerly the Office of Economic Opportunity).

We are most encouraged that the Select Committee is considering legislation which would preserve and improve this vital program, and hope the attached answers to the questionnaire will provide useful information to you.

We are most eager to assist the Select Committee in any way and hope you will feel free to call upon us if any additional information is needed.

Sincerely,

HAROLD ANTOINE,
General Manager.

Attachment.

RESPONSE TO QUESTIONAIRE FOR COMMODITY PROGRAMS

1. (a) During the past six (6) years, between 7,000 and 13,000 recipients took part in the Supplemental Food Program each month.

(b) Our original case load ceiling was 15,000 per month.

(c) We continue to reach additional new clients each month and feel that a very high percentage of the potential clients in our area are being served.

2. Our current actual budget provides for administration only. This includes handling of the food, packing it, the distribution, nutritional education, and documentation. We estimate the retail value of the food distributed last year at $1.75 million, but have no way of knowing what it actually costs the USDA.

3. (a) Our Community Action Agency administers the Commodity Supplemental Food Program for St. Louis City and County.

(b) The program staff consists of 13 permanent full-time employees and numerous temporary and part-time employees.

(c) All staff are paid for under our grant from the Community Services Administration.

4. This program was designed specifically to reach the very neediest of clients. It was developed so that low income clients can be certified at any one of 31 public and private health agencies and can receive their commodities at any one of 17 distribution centers, at the times most convenient to the clients. "Red Tape" for the clients has been reduced to a minimum. Outreach is conducted in those areas where the very poor live and most of the social agencies in St. Louis act as referral sources to this program.

5. (a) The Community Services Administration pays the administrative costs of the program.

(b) Last month these costs amounted to approximately $17,000.

(c) USDA provides the food only.

6. The administrative costs of the program includes costs of the Program Director, Administrative Assistant (Nutritional Education), clerical and bookkeeping staff, warehousemen, food pre-packers, truck drivers, rental of two (2) trucks, warehouse rental, and supplies. We feel that the above plus additional needed educational assistance and outreach could be handled comfortably with 20 percent of the total program costs.

7. (a) We use a pre-packaged system of delivery. That is, the commodities arrive in St. Louis in carload lots. The delivered commodities are than pre-packaged in boxes suitable for issuance. The prepacked boxes are then delivered to the 17 distribution centers where they are issued to clients.

(b) We feel that for the quantity of food distributed and our resources available that it is a very good system. It allows for maximum control of food and records.

(c) Our food distribution costs run from a $1.50 to $2.00 per issuance.

8. (a) It is difficult to judge what percentage of our budget would be required to run an adequate nutritional education program.

(b) We feel that nutritional education is very important.

(c) Our Supplemental Food Program currently has a nutritional education component. One staff member conducts and coordinates the nutritional education component. Each of the 31 cooperating health agencies provide nutritional education to some degree to the patients at their health facilities. In addition, the University of Missouri Extension Service provides periodic educational sessions in which they demonstrate the use of Supplemental Foods.

9. With the current state of the economy it is rare when any of the foods issued in this program are rejected.

10. (a) Based on what we have learned from USDA, it appears the Supplemental Foods are quite nutritious.

(b) The major recommendation for change would be to add more foods to the package. Additional peanut butter, meats, and more variety of vegetables would enhance the nutritional value of the package.

(c) An ideal system of distribution would be to deliver the food packages to the program participant's home. This would require a much larger budget.

11. We are not aware of any unfunded project applications in our area.

12. Assuming the foods were available, we would be able to reach approximately a case load of 15,000. Our budget in addition to the cost of the food would be between $250,000 and $300,000.

13. After the first two (2) years of operation in St. Louis City and County, we saw a statistical reduction in the infant mortality rate of those census tracts in the inner city served by this program drop from 35 per thousand to 28 per thousand. We feel that the Supplemental Food Program played a major role in this improved rate.

14. We have three (3) eligibility criteria for participation. They are:

(1) Pregnant women, mothers post-partum up to one (1) year, and children up to age six (6).

(2) The client must be eligible to receive free or substantially free medical treatment from the Pediatric and OB/GYN services of the health agencies writing the prescription.

(3) There will be a medical determination made that nutrition is needed for the health of the individual.

Eligibility is determined by the health agency. Potentially eligible clients are referred to the health agencies by our CAA outreach staff and other sources.

15. Many clients who participate in the Supplemental Food Program also learn of and make use of other HDC services such as, Educational Services, Housing, Head Start, General Social Services, Vocational Training, etc. A good number of clients who have been referred to and are now participating in the Food Stamp Program learned about food stamps through this program.

16. We strongly urge that USDA provide administrative funds for the operation of the Supplemental Food Program.

ALAMANCE COUNTY HEALTH DEPARTMENT,
COOPERATING WITH N.C. STATE BOARD OF HEALTH,
Burlington, N.C., December 2, 1975.

Senator GEORGE MCGOVERN,
Chairman, Senate Select Committee on Nutrition and Human Needs
U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: Enclosed is the Questionnaire for Commodity Programs. We appreciate the interest you and your committee have taken in the Supplemental Food Program and your efforts to provide legislation to continue and improve the program.

If we can be of further assistance, please contact us.

Sincerely,

(Miss) GEORGIA WALTER,
Nutritionist.

A. H. (JIM) SCOTT,
Sanitarian.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) At present we have about 1,100 on the program with about 950 to 975 actually receiving food each month.
   (b) Ceiling: 1,000.
   (c) Several months ago we requested an increase in caseload to 2,000 participants, but this was denied.

2. Monthly budget $568.64—total administrative, none food.
3. (a) The Health Director, Dr. William Norville, has ultimate administrative responsibility, however, it is supervised by A. H. Scott, Sanitarian.
   (b) The contract does not budget for specific positions.
   (c) North Carolina Department of Agriculture is the contracting agency.
4. To the best of our knowledge, the people most in need are being reached. We receive referrals from the Department of Social Services, as well as our own Health Department patients.
5. (a) The county pays the cost and is partially reimbursed by North Carolina Department of Agriculture 24¢/participant/month.
   (b) The administrative cost for November was: Bookkeeper, $259; 1 worker—64 hours at $2.20, $140.80; 1 sanitarian—32 hours at $5.12, $163.84; Nutrition education, $5. Total $568.64.
   (c) USDA pays nothing directly to the county.
6. Administrative cost includes the items listed in question 5(b) as well as in kind contributions from the Public Health Nurses who certify the participants and 24 hours month at $6.20/hr. from a state employed nutritionist working in the county. (However, the county will be picking up this position July 1, 1976, so at that time this will bcome part of their administration cost.)
7. (a) The food is delivered to us by NCDA in Raleigh. The participants pick up their food at the Health Department once each month (on one of 4 distribution days).
   (b) We are satisfied with our system.
   (c) Unknown.
8. (a) At present, the county gives the Nutritionist $60/year for nutrition education for the Supplemental Food Program. This (or more) could certainly be used gratefully.
   (b) Because of lack of knowledge of how to most effectively use several of the food items (farina, powdered eggs, etc) we feel nutrition education is very important.
   (c) Our current education program costs the county $60/year. The nutritionist provides 24 hours in kind contribution a month at $6.20/hr.
9. Rejection problems are found mostly with:
   Dried eggs—"because they taste flat" and aren't properly prepared.
   Farina—because they "don't like it."
   Dried milk—(to a certain extent) because "it doesn't taste like whole milk."
   These three products have been the main target of our nutrition education program.
10. (a) No, I'm not entirely satisfied with the food package.
   (b) I would like to see cheese (American pasteurized proces added. Also, an infant prepared formula (similar to Similac with Iron or Enfamil with Iron) rather than the evaporated milk would be nice, but not essential.
   (c) No recommendations for change in delivery.

11. I know of no unfunded projects.
12. Ideal caseload: 2,000. Ideal budget: $725/month.
13. No medical evaluation has been done.
14. (a) Women pregnant, post partum to 1 year. Children up to 6 years of age.
    (b) They must attend one or more clinics in the Health Department.
15. The program has increased our clinic participation.
16. (a) Funds for nutrition education.
    (b) Addition of cheese and if possible, infant formula.

NORTHWEST TENNESSEE, ECONOMIC DEVELOPMENT COUNCIL, P.O. BOX 2, DRESDEN, TENN. 38225

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 250.
   (b) No.
   (c)
2.
3. (a) Cooperation between County Health Department and Northwest Tennessee Economic Development Council.
   (b)
   (c)
4. Yes.
5. (a) No cost to our County.
   (b)
   (c)
6.
7. (a) Participants pick up food at Distribution Center.
   (b) Yes.
   (c)
8. (a)
   (b)
   (c)
9. No.
10. (a) Yes.
    (b)
    (c)
11. No.
12.
13.
14. Poverty income guidelines.
15. No. This program has gotten mothers and children to Health Department that otherwise could not.
16. These children and mothers go to the Health Department to be certified for supplemental food—thus mothers and children are checked for all health purposes—family planning recommended to mothers and children receive immunization shots.

MEMPHIS AREA PROJECT-SOUTH, INC.,
Memphis, Tenn., January 28, 1976.

Hon. GEORGE MCGOVERN,
Chairman, U.S. Senate, Select Committee on Nutrition and Human Needs, Washington, D.C.

DEAR SENATOR MCGOVERN: Please find enclosed responses to the questionnaire forwarded to us from the Select Committee on Nutrition and Human Needs.

We hope the enclosed information will assist your committee in drafting new legislation with regard to the Commodity Supplemental Food Program.

Sincerely,

JOSEPH MULLIN,
Director.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) There are 2,777 recipients serviced each month.
   (b) No.
   (c) There was never an authorized caseload. Our cases are confined to the nine (9) census tract. Anyone who is eligible under the USDA guidelines may receive the commodities.
2. Our current budget is $52,000.00, this is administrative only.
3. (a) Memphis and Shelby County Health Department.
   (b) Seven (7) persons are budgeted for in our current budget.
   (c) Community Action Agency.
4. Yes.
5. (a) The administrative cost is payed for out of MAP–South's Warehouse Budget through or contracting agency (Community Action Agency).
   (b)
   (c) None.
6. Personnel cost; fringe benefits, non-personnel cost; travel, space and rental, consumable supplies, other cost.
   No. Our budget is limited to a staff of seven (7). However the outreach work is done by St. Jude Health Aides and MAP–South Aides who are under the Social Service component.
7. (a) Truck, for the medically confined cases and hardship cases only. All other recipients pick up their commodities at the Warehouse.
   (b) No. Lack of sufficient Manpower.
8. (a) Personnel, MAP–South is a program designed for the distribution of USDA Commodities to low-income families in the nine (9) census tract of the MAP–South area limited to the personnel. Our budget has no funds for the expansion of any component other than Social Service. The nutritional education component has been an in-kind contribution from the St. Jude Children's Research Hospital.
   (b) Due to the lack of knowledge in preparing the food and realizing the importance of proper diet, we feel that the proper preparation of food should be available to all recipients in the Supplemental Food Program.
   (c) No.

9. Yes. For the lack of knowing how to prepare the USDA food.
10. (a) We are not satisfied with the food package.
    (b) The food package should be adapted to the nutritional deficiencies that occur in the target population.

    Evaporated milk should be replaced by a (proprietary) infant formula containing the recommended allowance of vitamins and minerals, especially iron, and should be simple to prepare. Some form of enriched milk should be available for all age groups in view of the fact that we continue to demonstrate vitamin A and riboflavin deficiency. A soy-protein preparation should be considered as an alternative, as black children become intolerant to cow's milk with increasing age. Food stuffs should not be removed from the allotments without a convincing nutritional reason, i.e. the discontinuation of evaporated milk this fall. It decreases participation and defeats the purpose of the program.

    (c) A delivery system e.g. a van and a driver, should be available because the food package is too heavy to be carried and too cumbersome to be taken on a bus. Cabs and "friendly neighbors with a car" have become prohibitive expensive this year.
13. A 1974 nutritional survey of 300 children randomly taken from the rolls of the Map South warehouse showed:

    mean hemoglobin 11.3 ± 1.0 gm percent.

    hematocrit 33.0 ± 2.7 vol percent.

    Incidence of: anemia (Hgb below 10 gm percent) 9.7 percent.

    (Hct below 30 percent) 11.1 percent.

    unacceptable vitamin A levels (below 20 mcg percent) 26 percent.

    unacceptable vitamin C levels (below 0.2 mg percent) 2 percent.

    unacceptable vitamin B_2 activity 18 percent.

    Effect on vital statistics in the 9 census area in which the program operates:

	Average, 1966-68	1969	1970	1971	1973	1974
Total number of births	1,111.0	1,007.0	1,014.0	901.0	708.0	718.0
Infant mortality (per 1,000 births)	37.4	34.7	20.7	23.3	32.5	32.0
Prematurity (per 100 births)	17.9	16.0	16.5	17.6	16.4	15.8
Stillbirths (per 1,000 births)	24.5	35.7	17.7	21.0	25.4	19.5

14. We use only USDA criteria for eligibility, no others are added.
15. We feel that the program has improved the nutritional status of the preschool population.
16. Recommendations:
    1. See 10(b).
    2. Dietary counseling should be provided to improve the effectiveness of the program. This should include recipes to improve the palatebility of the commodities and the emphasis of good food habits in children.

68-151—76——5

MEMPHIS AND SHELBY COUNTY,
HEALTH DEPARTMENT,
Memphis, Tenn., January 19, 1976.

Senator GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs,
U.S. Senate, Washington, D.C.

DEAR SENATOR MCGOVERN: In response to your recent letter regarding the Commodity Supplemental Food Program, attached are our answers to the questions which you asked. We have given this questionnaire a considerable amount of time in order to give you an accurate appraisal of our program.

We at the Memphis and Shelby County Health Department encourage you to continue your efforts in behalf of this essential program. If we can be of further assistance to you or your committee, please advise.

Sincerely,

HAROLD D. CARVER,
Administrative Assistant.

Attachment.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 71,833 in 1975 Supplemental Food.
   (b) Yes, letter dated March 26, 1973—10,000 families.
   (c) Eligibility requirements, decrease in evaporated milk distribution and lack of transportation by recipients.
   (d) 10,000 families—authorized caseload.
2. (a) $130,581.59.
   (b) Administrative cost only 75–76 budget. Food costs not available locally. Available through Tennessee Department of Agriculture.
3. (a) Memphis and Shelby County Health Department.
   (b) 16 persons.
   (c) Tennessee Department of Agriculture.
4. Yes, through free health services provided by Memphis and Shelby County Health Department.
5. (a) Shelby County government.
   (b) $10,882.00 (approximate).
   (c) None. USDA pays shipment cost of commodities only.
6. (a) Complete and total operation of Supplemental Food Program.
   (b) No, it would be above 20 percent.
7. (a) Direct warehouse pickup and city, county truck stop delivery in outlying areas.
   (b) Yes—with direct warehouse pickup and truck delivery to outlying areas most people in need of commodity program are reached.
   (c) $1.81 per recipient.
8. (a) 10 percent.
   (b) Extremely important.
   (c) Yes.
   $3,000.00
   None.
   None.

9. To my knowledge none of the Supplemental Food is or has been rejected for any reason.
10. (a) Yes. Present Supplemental Food package would appear to contain a well-balanced nutritional value.
    (b) None.
    (c) At present time, I see no need in change of delivery of food package.
11. None to my knowledge.
12. (a) Due to present economic and unemployment conditions, assuming adequate money was available to reach all persons eligible under current Supplemental Program guidelines, I believe our total caseload would be approximately 15,000 families.
    (b) $326,400.00 (estimated).

COMPARISON OF ANEMIA IN NONWHITE CHILDREN, LESS THAN 4 YEARS OF AGE, TESTED IN SHELBY COUNTY WITH A SUPPLEMENTAL FOOD PROGRAM (SFP) AND HAMILTON COUNTY WITHOUT A SFP

Hematocrit data	Shelby[1]	Hamilton
1969 No. tested	8,025	222
Substandard	1,364(17)	78(35)
1970 No. tested	8,442	309
Substandard	1,097(13)	102(33)
1971 No. tested	9,733	872
Substandard	1,168(12)	227(26)
1972 No. tested	10,899	946
Substandard	839(7.7)	166(17.6)
1973 No. tested	9,334	1,205
Substandard	457(4.9)	161(13.4)
1974 No. tested	10,692	1,234
Substandard	657(6.1)	184(14.9)
Total tested	51,255	4,788
Total substandard	5,209(10.1)	918(19.1)

[1] Shelby County was approved for a SFP in July 1969.

14. The initial eligibility criteria for participation in the Supplemental Food Program is medical evaluation through Health Department Clinics and public health nurses with access to known background of the family, as to diet, income and social conditions within the family.
15. It has helped to increase the number of children being seen and immunized within the Health Department.
16. None at present time based on original guidelines.

METROPOLITAN GOVERNMENT OF NASHVILLE AND
DAVIDSON COUNTY,
Nashville, Tenn., December 9, 1975.

Senator GEORGE MCGOVERN,
Chairman, U.S. Senate Select Committee on Nutrition and Human Needs, Washington, D.C.

DEAR SENATOR MCGOVERN: Enclosed is our response to your questionnaire regarding Supplemental Food Programs. We certainly hope that legislation will allow for a continuation of the Commodity Supplemental Food Programs.

In Davidson County, the Supplemental Food Program is run entirely at the expense of the local government. Our department receives the food from the Tennessee Department of Agriculture and all costs for storage, distribution, and related costs are borne by the Metropolitan Government.

Due to a lack of adequate funding, this program has never been able to reach all of the individuals in need of this support. The Government of Nashville and Davidson County has chosen, at great expense, to make this program available to the community but has never been able to either adequately staff the program or see that those persons who receive the food also receive educational information regarding the preparation of the food.

We very much support your efforts to continue this valuable program.

Sincerely yours,

JOHN N. RIGGINS.

Enclosure.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 8,000.
   (b) Yes—16,000.
   (c) There is a lack of funds for adequate personnel, and also due to the lack of funds there is inadequate publicity to make the community aware of the program.
2. Current budget—$35,883. Administrative costs—rent $15,840. Salaries—$20,043.
3. (a) Metropolitan Health Department of Nashville and Davidson County.
   (b)
   (c) Tennessee Department of Agriculture.
4. Yes, but people in borderline areas of need and income are not being reached.
5. (a) Metropolitan Health Department of Nashville and Davidson County (Metropolitan Government).
   (b) $4,660.25.
   (c)
6. (a) Rent and salaries.
   (b) Yes, we could pay for some outreach, operating costs, nutritional education, and indirect administrative costs for approximately 20 percent of the projected yearly budget. It is possible that a figure slightly more than 20 percent might actually be necessary.
7. (a) Direct distribution of food at a single warehouse.
   (b) Yes, except additional distribution points would be more affective.
   (c) $2.26 per person.
8. (a) We have no program budget. An adequate nutritional education program would probably cost from $60,000 to $70,000 per year.
   (b) We feel that it is very important. Many of the recipients of the supplemental food do not know how to properly prepare the food and therefore waste a considerable amount of it.
   (c) No.

9. Yes, farina, egg mix, dry milk. The reasons for rejection are the fact that the recipients do not know how to prepare the food (no recipes) and complain of the poor taste. If these foods were used to prepare combination foods it is possible that these objections could be eliminated.
10. (a) Yes.
    (b) Not applicable.
    (c) None (however, our program is very limited by the amount of time allotted for unloading boxcars when delivered to our program. We would recommend an extension of the time allowed so that staff would not have to be increased).
11. None.
12. 26,000 to 32,000, $250,000.
13. Not applicable.
14. (a) Substantial participation in health programs for low-income recipients.
    (b) Recipient of welfare or SSI.
    (c) Proven medical or nutritional need.
15. Yes.
16. (a) Continuation of the Supplemental Food Programs.
    (b) Adequate funding for operation of Supplemental Food Programs (provisions for administrative costs).
    (c) Adequate funding for nutritional education.

NORTHWEST TENNESSEE ECONOMIC DEVELOPMENT COUNCIL, ROUTE 3 C/O EVERETT–STEWART AIRPORT/UNION CITY, TENN., DECEMBER 3, 1975.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) 24,700–25,000.
   (b) No.
   (c) Transportation and knowledge of program.
2. None. Not available.
3. (a) CSA.
   (b) None.
   (c) USDA.
4. No—more.
5. (a) CSA.
   (b) Not available.
   (c) None.
6. Not avaliable. Yes.
7. (a) Family pick-up commodities.
   (b) Yes.
   (c) Yes.
8. (a) 1 percent.
   (b) Very important.
   (c) No.
9. None.
10. (a) Yes.
    (b) None.
    (c) None.

11. None.
12. 27,500-598,500
13. Unknown.
14. County Health Departments determine eligibility.
15. Yes.
16. Share administrative and operating costs with CSA funds.

GRAND COUNTY PUBLIC HEALTH, MOAB, UTAH

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Average of 30.
   (b) No.
   (c) It varies.
2. Our county pays about $200 a year, state contributes $160 a year, totalling a budget of $360 out of the Poor and Indigent fund.
3. (a) Public Health Nurse.
   (b) One.
   (c) Grand County.
4. Yes.
5. (a) Grand County.
   (b) About $30.
   (c)
6.
7. (a)
   (b)
   (c) About $1 per family.
8. (a)
   (b) Beneficial.
   (c) No.
9. Yes. At one time we found that powdered milk was dumped at Moab City dump and a farmer took it to feed his hogs! Some people do not know *how* to use the powdered eggs.
10. (a)
    (b)
    (c)
11.
12. Probably the same.
13.
14. Your scale provided with instructions.
15. No.
16. This program is budgeted under the Poor and Indigent fund. As Public Health Nurse, I already am on the payroll. One person is hired to take care of the commodities and to issue them; the County provides storage. Often we distribute to transients who are job hunting with young families. These are usually for only one or two months—until they get a paycheck, or leave. I suggest that applicants fill out and sign a "form" application. My belief is that some people lie about their salaries, and circumstances. A form they have to sign might help to prevent fraud. Also, it might be well for recipients to say they *will* use all—or give them the opportunity to reject items they

would not use. Most State Health Departments hire a Nutritionist, and I feel sure that arrangements could be made for a 2 or 3 hour lesson with recipes and demonstrations without increasing a budget. I believe in using people already employed to set up programs, and not create more positions.

WEBER COUNTY, OGDEN, UTAH, DECEMBER 1, 1975

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Approximately 1,100 a month.
   (b) No.
   (c)
2. We have no specific budget for this program. We are reimbursed at the rate of 30¢ per person served per month. The food is provided by the Federal Government, space is provided by the County Health Department and the personnel are paid with the amount received from the 30¢ per person allowance with the County picking up any amount not covered.
3. (a) Weber County.
   (b) None.
   (c) Utah State Mental Health Agency.
4. Yes.
5. (a) Weber County pays everything not covered by the 30¢ per month via the Manpower Programs and general County funds.
   (b)
   (c) None.
6. Salaries for two people to operate the program (one full-time and one part-time).
7. (a) Direct dispensing to recipient.
   (b) Yes.
   (c) Yes.
8. (a) As we have no present budget, it would be impossible to answer this question. However, a nutritional education program is now being offered in the County through our public health nurses and our U.S.U. Extension Service.
   (b) Very important.
   (c) Yes, we have a nutritional education component as explained in 8(a). None of the program cost has come from the administrative budget as we have none. It could all be labeled in-kind contributions.
9. No.
10. (a) Yes.
    (b)
    (c)
11. No.
12.
13. To my knowledge, there has been no direct evaluation done as to the medical benefits of the food supplement program in Weber

County. I am sure there are nutritional benefits because of the wholesomeness of the foods issued.

There have been many secondary medical benefits from the food supplement program from services rendered by the public health department.

(a) *Immunizations* done by the health department to the children on the food supplement. The public health nurse evaluates all children as to their health needs. The health department then provides or arranges for these.

(b) *Family Planning Services* through the public health department. Referrals are made from the public health nurse.

(c) *"Well Child" Assessment.* Many of the children seen for food supplement are referred for health assessment through the public health department child health clinics. When medical needs are discovered, referrals are made for definitive care.

14. The Public Health Nurses screen the applicants for food supplement and guidelines defined in the program are followed as to eligibility and foods issued.
15. Yes—as mentioned under question 13, multiple health benefits are received through the food supplement program as an initial contact and referral service.
16. The Weber County program is working very satisfactorily at low administrative costs. In some instances, a wider variety of formula (when medically needed) would improve the program.

If you need any additional information on this questionnaire, please feel free to contact me.

Sincerely,

DOUGLAS H. DIEU,
Administrative Assistant for the
Weber County Commissioners.

COMMUNITY ORGANIZATION OPERATIONS PROGRAM, INC.,
Salt Lake City, Utah, December 23, 1975.

Hon. Senators GEORGE MCGOVERN and PHILIP A. HART,
Senate Select Committee on Nutrition and Human Needs,
U.S. Senate, Washington, D.C.

GENTLEMEN, Enclosed is the information you requested on our Commodity Supplemental Food Program. The program CO-OP operates is the one designed to benefit families with pre-school children (through age 5 years). CO-OP operates this program only in Salt Lake County, Utah and it is a relatively small one. Still, I hope this information will be of value to you; I feel that this program is extremely valuable to those receiving it and, in fact, better than the WIC program which is being proposed to replace it. For your information in this line, I am also enclosing a copy of a comparative evaluation we did of the two programs in 1973; I hope that it, too, can be of some value to you.

Respectfully,

FREDERIC E. PENMAN,
Assistant Director.

Enclosures.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. (a) Average Monthly Participation—1975: 3,450 recipients. Projected Total Participation—1975: 41,400 recipients.
   (b) No.
   (c) We estimate that we are serving one-third to one-half of those eligible. Outreach work is being done to the extent our limited resources will allow but participation seems to remain at about this level.
2. We have figured the market value of the USDA commodities distributed by us in Salt Lake County at about $560,000. Our total administrative budget, for all programs, is $40,000. If we combine these costs, we have $600,000 operating budget though the majority of this is in *donated* foods; the cost split 14:1 between food and administrative cost. All administrative cost come from *local* government sources (County and State).
3. (a) Community Organization Operations Program, Inc. (a non-profit community service organization) in conjunction with Salt Lake City-County Health Department which acts solely as the authorizing agent in signing-up recipients.
   (b) Six staff personnel though the salary costs of two of these is divided between this program and other programs being conducted by CO-OP, Inc.
   (c) We contract with the Salt Lake County Social Services Department.
4. Yes, to the best of our knowledge.
5. (a) Salt Lake County with participation by the Utah State Department of Social Services.
   (b) $3,550 approximately.
   (c) None.
6. Our administrative costs consist of staff salaries, employee benefits, space rental, office costs (supplies in postage, phone, etc.), and accounting services. Outreach is done through associated agencies e.g. local CAP's, division of family services, NAACP, etc. Nutrition education on a limited scale, is provided gratuitously by Utah State University Extension Division and the Salt Lake City Board of Education—Division of Adult Education. We definitely could do the services named with a budget of 20 percent and probably with somewhat less.
7. (a) Food is delivered to us from the central distribution point in Utah. We have a central warehouse where food is stored and broken down into individual food orders. The recipients come to this warehouse to pick-up their monthly order. We also have three satellite warehouses in outlying areas of the county which are operated by CAP agency on a limited time basis for the convenience of recipients living in their areas—they serve approximately 8 percent of our recipients.
   (b) Yes, the only drawback with this system is that home deliveries to recipients with transportation problem is not possible within our budget limitations—this segment represents 10 to 15 percent of those eligible and authorized.
   (c) $1.07 per recipient.

8. (a) Our present system of using other available resources, i.e. Utah State University Extension Division and Salt Lake City Schools Adult Education Program, is working well with very little money needed from our own budget to finance it. We should be able to continue utilization of these resources in the future.
   (b) I feel nutrition education is a very important factor in providing our recipients with a sound diet; malnutrition results as much from lack of knowledge about good foods, balanced means, and proper food preparation as it does from not having an adequate supply of food.
   (c) Our program has been working with other community resources, as named above, to provide this vital service. The cost of the program is delivered entirely in in-kind contributions from those agencies, so we have no set percentage of our administrative budget allocated for this purpose.
9. No.
10. (a) Yes.
    (b) None, other than assuring that the periodic shortages of some items that have plagued the program in the last two years happen less frequently.
    (c) Making some provision for delivery of the commodity package to 10 to 15 percent of the recipients who have problem getting transportation to and from the central warehouse.
11. No.
12. Top achievable caseload is projected at about 5,000 recipients monthly (60,000 annually), this would still not reach every eligible person in the County though. The budget for this caseload would be approximately $900,000—$830,000 in donated commodities; $70,000 in administrative costs.
13. We have no such medical evaluation nor can we make any substantiated objective claims about the effects the program is having on the health of the recipients.
14. The eligibility criteria for our program are:
    (1) Income—the same family income guidelines that are used to determine eligibility for Community Services Administration programs are used. (2) Age of children in the family. (3) Special family circumstances of either a health-related or financial nature are taken into account on an individual family basis.
15. Yes, to some extent, this program brings the recipient into contact with either program personnel or program information from other related agencies e.g. Salt Lake County Health Department, Food Stamps, Utah Group Health Plan, CAP service agencies, etc.
16. (a) Provision for inclusion of home delivery service for needy families in our budget.
    (b) Guarantee of funding for the entire needs of the administrative budget—the present county/state funding does not do this.
    (c) Addition of a medical component to the commodity program.

CITY AND COUNTY HEALTH DEPARTMENT,
Provo, Utah, December 27, 1975.

HON. GEORGE MCGOVERN,
Chairman, Select Committee on Nutrition and Human Needs, U.S. Senate, Washington, D.C.

DEAR CHAIRMAN MCGOVERN: I, also, concur with your feeling that the Commodity Supplemental Food Program should be preserved and improved.

As a Program Administrator, I appreciate the opportunity of submitting the following recommendations:

Sincerely,

LOIS NASON,
Program Director.

RESPONSE TO QUESTIONNAIRE FOR COMMODITY PROGRAMS

1. 350–500.
2. $2,600. Nothing for food costs. This money pays for one half-time staff member and office materials.
3. (a) The County Commissioners are the contracting agency and they administer the program.
   (b) One half-time staff member is budgeted for in our contract.
4. Yes, the needy are being contacted in our area. We could use more outreach help, as this is done by public health nurses now.
5. (a) The County pays administrative costs.
   (b) Actual administrative costs last month were $300.
   (c) Nothing was paid by USDA.
6. (a) Our only administrative costs are pay for one staff person plus additional help on food days.
   (b) We could pay above mentioned costs with a 20 percent increase.
7. USDA delivers our food items to us from Provo, Utah, warehouse. We, in turn, use county trucks and personnel to deliver food stuffs within the county. I cannot estimate the cost per participant; however, it is very small. Our system works very well.
8. Nutrition education would be very helpful to the program; however, I do not know the percentage of our current budget required to run an adequate education program. Utah State University has a nutrition program, but they need more people. No money comes from our budget for this purpose.
9. Yes, Farina, powdered milk and egg mix are occasionally rejected; usually, by Mexican-American families. They do not take the time to prepare them; or, they do not understand how to use them. Some families do not take the time to prepare these items *properly*. Here nutrition education would help.
10. (a) I am satisfied with the nutritional value of the foods; however, a larger variety or frequent change would be most welcome.
    (b) My only recommendation to change the delivery of the food package is confined to my particular situation. We have no permanent quarters, which makes storage and delivery a bit complicated to say the least. This situation means handling and rehandling the food packages and makes for duplication of effort and increased costs.

11. I know of no unfunded project applications in my area.
12. 700 people. With only a small increase in the total budget.
13. We have no medical evaluation program; therefore, I have no medical results to confirm improved hemocrit counts or decreased infant mortality rates. But, I know, from seeing the families participating in the program from month to month, that their health is definitely improved as a result of better food.
14. Income and need.
15. No. Often low-income families are eligible for more than one type of assistance.
16. An increased budget would be a definite priority and perhaps, additional food items could be included in the package. We have a large number of requests for food help from elderly people (low income and retired) in our area; could they be helped by a similar program or be included in this program by new legislation?

We have been able to help a large number of families. Often families come into the program when they are out of work and later drop out when their work situation improves. We also serve a migrant agricultural-worker population during the spring and summer months. Often we are the only agency able to help an applicant get food quickly during times of crises, due to our more flexible paperwork systems.

Surely, other areas have their own ethnic groups who have certain food requirements, or tastes. Our group is predominantly Mexican-American and they prefer tomatoes and fruits to green beans and other vegetables. We have chicken and green beans in abundance and often have these items for a prolonged period. A more frequent change and perhaps cheese, dried beans, peas, lentils, fish, and a variety of cereals could be added. Peanut butter is a favorite with everyone as is canned milk and syrup. Dried fruits such as raisins, dates, prunes, etc. and nuts have been mentioned.

Suggestion: When more supplemental food forms are printed, *please* include numbers for amounts.

BACKGROUND MATERIALS

APPENDIX C

S. 2905—COMMODITY SUPPLEMENTAL FOOD PROGRAM ACT OF 1976

Section-by-Section Analysis

Section 1. Provides that the Secretary of Agriculture will pay up to 20 percent of food costs for all administrative expenses for commodity programs. The Secretary must, under this section, match each local program's current funding level at a minimum. Lack of administrative money is the single greatest problem facing current programs. This section should solve that problem.

Section 2. Within six months of the passage of this bill, each local program sponsor must submit a plan for nutrition education in its service area. Program funds could not be withheld by the Secretary if this information does not come within the six month period.

Section 3. (a) This section provides that as part of administrative costs the Secretary, during the first three months of any program, will pay expenses adequate to insure start-up of the program; (b) Cultural eating patterns are to be taken into account where necessary to provide an adequate diet; (c) Equivalent substitutions shall be made by the Secretary where shortages occur; (d)(1) Administrative expenses are defined; (d)(2) The commodities available under the Program are listed and special formula for infants is made available where necessary; (e) This section allows dual operation of the SFP with the WIC Program and makes it the responsibility of the local program to prevent dual participation by an individual or household on WIC and the commodity program; (f) All programs where children under the age of six were removed must now reinstate these children in their programs, where they qualify.

[From the Congressional Record, Jan. 30, 1976]

By Mr. Philip A. Hart (for himself and Mr. McGovern):

S. 2905. A bill to extend and revise the commodity supplemental food program. Referred to the Committee on Agriculture and Forestry.

Mr. Philip A. Hart. Mr. President, I would like to introduce for Senator McGovern and myself legislation which would authorize Federal payment of administrative costs to improve a Federal program which provides iron- and protein-rich foods to low-income women who are pregnant and to children under 6 years of age.

This important piece of legislation is being introduced at a time when, as shown in the recently published 1977 budget, the administration seeks to end the supplemental feeding program. The logic of the administration must be questioned when it asks for still more money

for weapons capable of killing the Russians 10 times over but eliminates funds for feeding programs.

The child whose brain is damaged or whose growth is stunted because of a poor diet faces a life of dependency and poverty. If the moral considerations of taking every possible step to prevent such damage are not compelling enough, then cost-cutters should at least consider the cost to future generations in terms of lost earning capacities and, perhaps, public assistance.

There are presently about 140 supplemental feeding programs serving about 140,000 women and children, the largest being Focus Hope in Detroit. The Department of Agriculture provides about $21 million worth of food a year for the programs but no funds to pay administrative, delivery, storage, or public information costs. This has meant that program sponsors have been forced to seek money for those activities from local and State agencies or other Federal departments. As a result, at times some of the programs have had food available but no way to get the commodities to the people they seek to help.

This legislation would require the Agriculture Department to provide additional funds of up to 20 percent of each local program's budget to pay administrative and other nonfood costs. Based on an annual food budget totaling $21 million, the proposal would cost no more than $4.2 million in additional funds per year.

The bill would also require the Agriculture Department to:

Provide nutritional food recognizing the cultural patterns of the recipients;

Provide equivalent substitutions if a shortage of a particular item occurs;

Give a clear mandate for the program to operate in areas where food stamps are available;

Provide specific types of food which are to be made available, including any special formulas for babies or pregnant women declared necessary by qualified medical personnel.

Perhaps it is going too far to suggest that these children who are permanently damaged by diet deficiencies are victims of a war not yet fought. But when billions of U.S. dollars are budgeted for cruise missiles while nothing is budgeted for supplemental feeding programs, a human dimension is added to the sterile rhetoric about misplaced spending priorities.

Mr. President, I ask unanimous consent that a list of the supplemental feeding programs in operation in August, three articles about the effect of malnutrition on children and the text of the bill be printed in the Record.

There being no objection, the bill and material were ordered to be printed in the Record, as follows:

S. 2905

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Commodity Supplemental Food Program Act of 1976".

Sec. 2. The Child Nutrition Act of 1966, as amended, is amended by redesignating section 18 as section 19 and adding a new section 18 to read as follows:

"Sec. 18. (a)(1) In carrying out the supplemental feeding programs (hereinafter in this section called the commodity supplemental food program) referred to in section 4(a)(1) of the Agriculture and Consumer Protection Act of 1973, the Secretary shall pay to each State or local agency administering any such program all administrative costs in any fiscal year not in excess of an amount equal to 20 per centum of the total amount made available to such State or agency for

such program in such fiscal year. In no case shall any State or local agency receive less for administrative expenses in any fiscal year than it received in the fiscal year in which this section was enacted.

"(2) Within six months after the date of enactment of this section, each State or local agency participating in the commodity supplemental food program shall submit to the Secretary a report describing the manner in which nutrition education services are being provided to the recipients of food under such program. The payment of administrative expenses by the Secretary under paragraph (1) shall not in any respect be conditioned upon the submission of such report by any State or local agency.

"(3) Notwithstanding the limitations prescribed in paragraph (1) of this subsection, during the first 90 days after the date of enactment of this section or until the commodity supplemental food program has reached its projected caseload level, whichever first occurs, the Secretary shall pay the total expenses necessary to successful operation of such program.

"(b) The Secretary shall take into account medical and nutritional objectives and cultural eating patterns to the extent necessary to provide a nutritionally adequate diet for recipients under the Commodity Supplemental Food Program.

"(c) The Secretary shall make appropriate provision for equivalent substitutions of commodities where shortages occur in the Commodity Supplemental Food Program.

"(d) (1) Administrative costs shall include but not be limited to expenses for: information and referral, medical certification, operation, monitoring, nutrition education, and general administration, including staff, warehouse and transportation personnel, insurance, and administration of the State or local office.

"(2) The same types and varieties of commodities in the same proportional amounts as is currently available or as were available in the fiscal year ending June 30, 1974, whichever is greater, shall be maintained. In carrying out the Commodity Supplemental Food Program, the Secretary shall require by regulation or otherwise that the food made available to any recipient under such program shall include, but shall not be limited to: dried egg mix, canned fruits, canned fruit juice, canned vegetables, farina, canned meat and canned poultry, evaporated milk, instant fortified nonfat dry milk, peanut butter, instant potatoes, and corn syrup. In addition, such food shall contain commercially formulated preparations specifically designed for women or infants in those cases where it is the opinion of qualified medical personnel that such formulations are necessary to meet the medical and nutritional needs of the individual program recipient involved.

"(e) The Commodity Supplemental Food Program may be carried out in the same geographic area in which a food stamp program or other food distribution program is in operation if the State or local agency responsible for carrying out such Commodity Supplemental Food Program establishes safeguards to prevent participation by households and individuals in both the Commodity Supplemental Food Program and one or more of the other types of food assistance programs.

"(f) No State or local agency shall prohibit children under six years of age from receiving benefits under the Commodity Supplemental Food Program if they are otherwise eligible to receive such benefits."

AUGUST 1975

State	Number of programs	Amount	Participation
Arkansas	10	$93,634	8,874
California	3	103,780	10,620
Colorado	7	109,526	11,184
District of Columbia	1	118,118	11,927
Illinois	1	57,551	5,255
Iowa	31	67,976	6,318
Louisiana	2	170,127	15,756
Michigan	1	253,099	22,431
Minnesota	1	6,363	835
Missouri	47	123,854	11,546
Nebraska	1	28,467	3,319
New Jersey	1	332	52
New York	1	878	153
North Carolina	6	25,644	2,468
North Dakota	4	2,224	321
South Dakota	3	15,944	2,038
Tennessee	9	387,016	17,939
Utah	10	17,269	6,962
Total	139		

[From Psychology Today, September 1975]

Starved Brains

(By Roger Lewin)

(An infant deprived of nutrition or stimulation will never develop to full mental capacity. There's no second chance. Today, 70 percent of the world's population seriously risks permanent damage.)

We know the picture well: the bloated bellies, stick-thin arms, and sad listless eyes that mark severe malnutrition. Countries sapped by chronic food shortages or thrown into despair by sudden devastating famines and war have burned those images into our conscience. But less dramatic, and therefore more insidious, are the effects of long-term undernutrition, which more than 300 million children already suffer.

Although these children may escape the worst rigors of starvation, there is now mounting and inescapable evidence that their intellectual development suffers damage from which there is no chance of complete recovery.

The beautifully complex architecture of the human brain follows an innate blueprint, but factors in the environment of the growing infant partly influence its final form, and therefore its final performance. One major factor during the early stages of brain development, we now realize, is an adequate supply of food. Without the necessary flow of nutrients the brain simply cannot create the structures—the cells, the wiring, and the complex circuits—that fuse to form the functioning human mind.

Researchers in Europe, Africa and South America are also learning of a delicate but crucial interplay between adequate diet and environmental stimulation in the first two years of life. During this critical period the brain's potential has to be reached, or it is too late. There is no second chance. An infant deprived of nutrition or stimulation will never develop to full mental capacity. The implications of this situation are frightening: cycles of poor nutrition and environmental poverty enhance each other, leading to personal suffering and chronic social malaise. Today 70 percent of the world's population seriously risks permanent brain damage.

The critical period of development of the human brain results from its peculiar pattern of growth. At birth an infant's brain has already reached 25 percent of its adult weight, and by six months it is half way to the final target. In comparison total body weight at birth is a mere five percent of its adult maximum, and reaches the 50 percent mark only at age 10.

Until recently we had no clear picture of the stages and timing of human brain growth. Now, John Dobbing and Jean Sands of the University of Manchester, England, have examined the composition of almost 150 human brains ranging in age from 10 weeks of gestation to seven years. What they found helps us understand the effects of malnutrition in children.

PROGRESS OF THE BRAIN

Basically, the brain grows in two stages. First, between weeks 10 and 18 of pregnancy, the adult number of nerve cells develops. Second, beginning about week 20, the brain's packing cells (the oligodendroglia) begin to appear, followed by the production of the insulating material (myelin) that coats the long fibers along which the nerve cells send their messages. This second stage continues for at least two years after birth; myelination progresses at a lower rate until the age of four years. The second stage, known as the brain-growth spurt, represents the most vulnerable period of brain development. It is the critical period when inadequate nutrition and lack of stimulation inflict the most lasting damage.

Before Dobbing and Sands laid out clearly the timing of the human brain's growth spurt, we assumed that most of the brain's important development took place prenatally and was more or less complete by birth. But their demonstration that about five sixths of the growth spurt comes *after* birth forced an awareness of the hazards of prolonged malnutrition in the early years of life.

There are several ways of exploring what happens to an infant nurtured in an impoverished womb and born into a world where he or she is deprived of food. One can study what physically happens to the brain or one can examine the physical and behavioral consequences of malnutrition in animals. Or one may observe children born under deprived circumstances and determine the effect of environmental factors in improving or worsening their condition.

One thing that is more or less safe from nutritional insult in the growing human brain is the number of nerve cells it contains. Because this number is established very early in pregnancy, at a time when outside nutritional factors fail to impinge on the developing fetus, the brain's basic nerve cell complements escaped unscathed. There is, however, a major exception. The cerebellum, a wrinkled structure at the back of the brain that coordinates movement of the arms and legs, is vulnerable to nutritional deprivation because its nerve-cell generation and growth spurt are delayed. A starving brain risks delayed creation of the oligodendroglia and the later myelination of the nerve fibers.

Post-mortem examinations of human beings can't answer questions about these early developmental phases, so we have to rely on animal experiments. This approach is justified, because although the *timing* of the growth spurt in human and other animal brains differs, the *stages* are identical. Dobbing and his colleagues find that rats with malnutrition have significantly smaller brains than healthy rats, with the cell deficit concentrated in the oligodendroglia. Starved rats also show reduced myelination, and some enigmatic enzyme imbalances too. The cerebellum, compared with the rest of the brain, suffers more: it weighs less and doesn't have the adult complement of nerve cells, due to its delayed growth spurt. The particular vulnerability of the cerebellum is important because damage to this structure goes a long way toward explaining the reported clumsiness and reduced manual skills of malnourished children.

MALNOURISHED NEURONS

One thing that brain researchers readily admit is that they have measured what is easiest to measure. The feature of brain development that is probably most difficult to quantify, but is almost certainly the most important, is the lacework of connections between the nerve cells (neurons). Reliable reports show that the major part of the nerve fibers, the axons, shrink in diameter in malnourished animals. But the really crucial area of interneuron communication centers on the end of the axon, where it branches into literally thousands of tiny fingers that make contact with the neighboring neurons. B. G. Cragg from Monash University, Australia, has had a crack at this problem, and what he finds is most disturbing.

Cragg did some microscopic investigations of the cerebral cortex in rats malnourished early in life. In what must have been a crashingly tedious experiment, he counted the number of minute nerve endings (the synapses) in the cortex of undernourished animals. He found a 40 percent reduction, compared to normal rats. Cragg suspects too that some of the synapses may have been unable to function because of molecular breaks. The creation of the interneural network is one of the brain's major construction projects during the first two years of life, so Cragg's result is crucial and needs to be confirmed. If the undernourished cerebral cortex really lacks almost half of its interconnections (or even a 10th), the consequences for brain function are frightening. The planet may be raising a generation of clumsy, feeble-minded millions.

A crucial point about all these experiments is that moderate degrees of malnutrition—of the sort that 300 million children experience daily—can produce these physical side effects and deficiencies. More important, we cannot repair these physical deficiencies by normal feeding once the brain growth spurt has passed.

The typical undernourished child is shorter and lighter than his counterpart in affluent countries. He is about 70 percent of his correct weight, and the brain weight and head diameter are marginally smaller as well. The next step we've taken is to find out what this means for intellectual and social activity.

In the attempt to find the consequences of chronic undernutrition, most research groups have used the longitudinal study, observing the progress of a group of children over a period of years. For example, Joaquin Cravioto and Elsa DeLicardie studied a group of infants born in 1966 in a small rural village in southwest Mexico. They have been observing the children ever since. The village has a "normal" background of undernutrition, but the researchers concentrated on 22 children who at times had had almost no food and thus had been severely malnourished.

FOOD AND LANGUAGE

Cravioto and DeLicardie studied nutrition and mental development against the background of social and economic factors. Their outstanding discovery was the effect of malnutrition on language development and verbal-concept formation.

As a group, the severely malnourished children began to lag behind in language at about six months. At the age of one year the matched control group had language development equivalent to 334 days, compared with 289 days for the hunger group. By three years the gap was 947 days to 657.

Because verbal concepts are a basic area of human intelligence, the researchers gave children tests to measure their understanding of 23 pairs of opposites (such as big-little, long-short, in-out). At 31 months of age the control group of normals understood an average of 5.46 concepts, compared with 3.92 for the malnourished children; by 46 weeks their scores were 16.92 and 12.16; and at 58 weeks the controls knew 20 of the concepts, three ahead of the malnourished group. Even after 40 months the children who had suffered malnutrition in infancy were behind the control children in language development and concept formation. Although the worst physical symptoms of their malnutrition were gone, and although they did make up some of the lost ground, they didn't catch up with their healthier playmates. The trend line suggests they never will.

Because the poverty that produces severe malnutrition also produces deprived environments, Cravioto and DeLicardie compared the home lives of the children. They used the Caldwell Inventory of Home Stimulation to measure factors such as frequency and stability of adult contacts, the number of voices the child hears, availability of toys and games, whether the child's needs are met, and how many restrictions there are on the child's activity. The researchers found that the malnourished infants came from homes that were significantly impoverished in activity that brings the human mind alive.

Although this poor environment of the malnourished children contributes to their slowed intellectual development, Cravioto claims that it is not the sole explanation. This conclusion is supported by Stephen Richardson and his colleagues, who studied a community of children in Jamaica, and found that malnutrition is as damaging as an impoverished social life. Richardson measured the physical and intellectual status of a group of boys, aged seven to 11 years, who had during the first two years of their lives suffered severe malnutrition. These children were smaller in stature, lighter in weight and had smaller heads than normal children. Behaviorally, they were disadvantaged too: they did less well in formal tests of reading, writing and arithmetic; teachers found their school performance to be poorer, with more special problems in classwork

Further, the previously malnourished children were less popular among their schoolmates. When Richardson asked all the children to pick the three peers in their class with whom they most preferred to spend their time, they named the malnourished children much less frequently. This is a tricky result to untangle, but the cause may have some parallels with the observation that malnourished animals are socially disturbed and more irritable. Perhaps the children were too.

TEACHER'S OVERALL EVALUATION

	Malnourished children	Comparison
Outstanding/above average	11	27
Below average	18	20
Poor or severely retarded	32	18
Special problems in classwork:		
Yes	50	40
No	12	25

POOR NUTRITION VS. POOR ENVIRONMENT

The researchers also measured the children's home environments, and this time found that not all of the malnourished children came from impoverished homes. So they were able to compare four groups: malnourished children from rich environments, malnourished children from deprived environments, healthy children from rich environments, and healthy children from deprived environments.

The results showed clearly how a home that is poor in stimulation and opportunity for a child will impair his or her intellectual development, regardless of the extent of malnutrition. Among healthy children, those from stimulating environments averaged 71.4 on an intelligence test, while those from deprived environments averaged 60.5. Malnourished children from enriched homes scored 62.7. But the combination of malnutrition and a poor environment produced the deadliest deficit in learning of all, averages of only 52.9.

One report that seemed to counter the evidence for the prolonged effects of malnutrition comes from the Columbia University School of Public Health and Administrative Medicine, which detailed the intellectual performance of 19-year-old Dutch youths entering the army. These men had either been born or were young infants during the famine the Nazis imposed on their country during World War II. These young men showed normal intelligence, which suggested that malnutrition has no lasting effect on mental development. The crucial fallacy in such a conclusion is that the Dutch famine was very short, only six months, and before and immediately after the famine there was no severe food shortages. Any brain-growth deficit inflicted by this brief famine would therefore be made up for by enhanced development within the two and one quarter year brain-growth period. The Dutch infants, who went hungry for a brief period but otherwise were well-nourished in infancy and childhood, are thus not comparable to the Mexican and Jamaican children, who live in a state of chronic malnutrition.

CURING DEPRIVED CHILDREN

Now researchers are beginning to ask what can be done to help children who do not get adequate food and environmental enrichment. Leonardo Sinisterra and his colleagues in Cali, Colombia, are giving malnourished children food and supplemental schooling from the age of three and a half on. Compared with their fellows, the children in his program have a marvelously rich environment indeed. They build with wooden blocks and even make large-scale structures with poles and planks; they paint pictures of their environment, make up stories, and even act out adult situations; and they get an expanded view of the world by going on trips into the country, all of which are outside the experience of most of the poor children of Cali. These children are now five years old, and have made remarkable strides toward catching up with the intellectual ability of more affluent children, both in verbal reasoning and general intelligence.

Sinisterra gave a second group of formerly malnourished children one part of the treatment but not the other: they got good food, but no extra schooling. So far, it looks as though they are doing no better than malnourished children who have had no supplementary program. The reason seems to be that the children did not get the additional food until they were three and a half, well after the critical brain-growth period had passed.

One aspect of intellectual performance remains resistant to repair in malnourished children, regardless of whether or not they get additional food and special schooling—short-term memory. So far no program has been able to help deprived children gain a normal ability to remember what they just learned.

Another compensation study is underway in a poor agricultural village in Mexico, Tezonteopan. Few families in Tezonteopan show signs of severe and clinical malnutrition, but almost all are chronically underfed, barely managing to survive. Passive children and tired mothers barely communicate, rarely play. Adolfo Chavez is studying the longterm effects of supplementary food on both parents and children. He began his food supplements with pregnant women and continued them throughout the brain growth spurt, i.e. until the children were over two years old.

For a start, the supplemented mothers produced babies that were roughly eight percent heavier than normal in the village, and this weight advantage continued and expanded. But behavioral differences appeared rapidly too. The test children showed superior language development within the first year, and in simple physical activity they far outshone their underfed fellows. On a measure of movement, they were three times as active by age one year, and four times as active by age two.

Further, the well-fed children spent less time in their cots, walked at a younger age, were more vigorous in play, and were more likely to take the lead in play, and were generally much more independent. And because of their great activity and exploratory behavior, their parents and siblings took a greater interest in them, which in turn, was strengthened by the infants' tendency to smile more. The whole family dynamics gained a higher level.

Some Tezonteopan fathers even took an active part in child care, something they almost never do. They were enthused by having a vigorous, alert child. Several were so impressed with their "special" children that they declared to Chavez. "This child will not be a farmer like me."

Chavez's work reveals the tragedy and the promise. Millions of people today accept deep, grinding hunger and poverty as normal and inevitable, and pay the price with lowered intellect and activity. We know that if the brain is not well

fed during its critical period of growth, it will never develop to the full and rich potential that is our heritage. We also know that massive doses of good diet, fun and games, teaching and stimulation can help to overcome the intelligence gap that malnutrition leaves in its wake.

Ultimately, the efforts to untangle the effects of malnutrition and a poor environment may make little difference in the real world, where the two exist in a vicious circle. Poverty inflicts a double insult—its victims condemned to a dearth of food and a sterile environment. The combination is at work daily, eroding the mental capacity of 300 million children.

[From the Community Nutrition Institute Weekly Report, Nov. 6, 1975]

SCIENTISTS ESTIMATE ONE MILLION CHILDREN HAVE STUNTED BRAINS

University of California researchers estimate that more than one million U.S. infants and young children have either suffered stunting of brain growth or are at risk of such damage, because of malnutrition.

The findings, first reported last weekend by the New York Times, are based on an analysis of national nutrition surveys conducted several years ago for the federal government, including the HEW Department's Ten-State Survey and a study of the nutritional status of pre-school children performed by Ohio State University and the University of Georgia. The surveys compiled data on eating habits, income, and physical characteristics such as body size, weight and development as well as evidence of biochemical deficiencies.

The California researchers matched nutrition and income data from the surveys with head circumference measurements that give clues to impaired brain development. They estimated the average deficit in brain weight among severely malnourished children at 125 grams, or about 9 percent of the 1,400 gram weight of a normal brain in a four-year-old child. These estimates correlate with the findings of Palus Zee and other observers of malnourished infants and children at the St. Judes Hospital clinic in Memphis, they said.

Many individuals living at or below the poverty level showed serious biochemical deficiencies, the surveys showed. Furthermore, the malnourished infants and young children had head circumferences so far below the normal range for their ages as to suggest hampered brain development, the scientists said. One of the scientists told the Times that the degree of deficit in the malnourished children appeared to be so great that he estimated the odds at less than one in a million that it could represent normal variation.

Using 1970 Census data, the California scientists estimated that the total number of pregnant women in the U.S. suffering malnutrition serious enough to endanger their babies was more than 945,000 then and is presumably greater now. They estimated the number of infants and children in the jeopardized group already born at more than 1.1 million.

"Finding evidence that a substantial proportion of the population of an affluent country like the United States is in jeopardy for brain growth and development comes as a shock to us," the scientists say in a forthcoming report. "It implies that a corresponding proportion of the difficulties children experience in school and later in their career development may be due to undernutrition affecting their brain growth in utero and during early life. Thus interfering in the most serious way with the quality of their lives, and placing an unmeasured but probably significant burden on the rest of United States society."

NO IMPROVEMENT SEEN

Doris H. Calloway, a University of California (Berkeley) nutritionist who participated in the study, told CNI Weekly Report that nothing has happened in recent years to suggest improvement in the situation outlined in her group's analysis. "The food stamp and commodity programs were in effect at the time the data was gathered," she noted, "and the institutional barriers to good stamp participation remain at the present time. The WIC (women, infants and children) program has not yet been evaluated, but its impact has been fairly limited up to now. There are still these large pockets of poverty and malnutrition."

Robert B. Livingston, a University of California (San Diego) neuroscientist, headed the project. In addition to Calloway, other researches included John S. MacGregor, Gary J. Fisher and A. Baird Hastings, all of San Diego. A report

of their work has been written for a volume on brain growth and development to be published this fall by Raven Press, New York, for the International Brain Research Organization.

Two Million Children Risk Underfed Brains

(By Robert B. Livingston)

(Dr. Livingston is a neuroscientist at the University of California, San Diego, School of Medicine, which published this article as a news release. For further background, see CNI Vol. V:44A)

We have developed strong statistical evidence that, in the United States, there are approximately two million pregnant women, infants, and young children who are in serious jeopardy for the growth of the developing brain.

This serious development problem is attributable to insufficient nourishment, which in turn is associated with low family income. Testimony concerning low nutrition intake within this population is corroborated by the fact that many individuals living below and close to the poverty level of income show low and deficient blood and urine levels for substances that are diminished by chronic undernutrition.

Furthermore, infants and children living below the poverty level of income have, in the aggregate, unexpectedly small head circumferences. This is strong presumptive evidence for diminished brain volumes. Indeed, the head circumferences in this population are so small that the likelihood of their constituting a normal population is less than one in a million. The average deficit in brain volume between this socioeconomically deprived population and an average population of children comes out to be approximately 125 grams, a conspicuous brain deficit. Infants and children from successively higher family income levels move progressively nearer to normal head circumferences suggesting that low socioeconomic conditions or factors associated with low socioeconomic conditions are operative.

This study was initiated by the Institute for Information Systems and the Neurosciences Department at the University of California, San Diego, as a result of student initiative, and with special assistance from Professor Doris H. Colloway, of the Department of Nutritional Sciences at the University of California, Berkeley. The study involves statistical analyses applied to existing information on human nutritional, medical, laboratory, and physical measurements obtained from The Ten State Nutrition Survey (TSNS), conducted by the Health Services and Mental Health Administration of the Center for Disease Control, HEW, and A Study of Nutritional Status of Preschool Children in the United States (PNS), carried out collaboratively by Ohio State University and the University of Georgia. These two surveys were designed and conducted independently during the period 1968 to 1970. They represent the first comprehensive investigation of nutrition and health status applied to large sectors of the U.S. population and constitute the best available pertinent information. The present study reveals that these two surveys strongly corroborate one another in relation to this problem. We were privileged to have access to the statistical working tapes from both of surveys. We utilize these two data sources to secure information especially relevant to brain development.

JEOPARDY CRITERIA

Independently of the nutrition surveys, we established levels of nutrition intake below which we had reason to believe there would be serious jeopardy to brain development affecting the unborn, the infant, and the young child. We selected levels below which 97.5 percent of all normally healthy individuals are known to be deleteriously affected, as manifested by growth retardation in children and by weight loss below normal levels in adults. According to these criteria, people would be in jeopardy for brain development if they were ingesting less than two standard deviations below their minimum daily requirements for either energy or protein. Thus, all but 2.5 percent of individuals ingesting below 70 percent of their Recommended Daily Allowance (RDA) for energy and less than 40 percent of their RDA for protein, would be in such jeopardy. These percentages are at levels two standard deviations below average requirements for these nutrients as determined by the Food and Nutrition Board of the National Academy of Sciences-National Research Council. Jeopary criteria relating to RDA levels can be readily applied to the nutrition intake of any individual according to age sex, weight, occupation, and the special requirements of pregnancy and lactation.

These criteria for nutrition intake, selective for serious jeopardy to brain development, were then utilized for analysis of data from two national nutrition surveys in relation to the evidence they had gathered respecting socioeconomic, demographic, nutritional, medical, biochemical, and anthropometric measures on large numbers of individuals throughout the United States.

It was found that nearly 60 percent (59 percent) of pregnant women living in poverty were, as of 1970, in serious jeopardy for the brain development in their unborn children due to their low total energy intake (see Table I). Some 25 percent of pregnant women living in poverty were consuming less than 40 percent of their energy RDA, that is, less than half of the jeopardy criterion for energy. Some 14 percent of pregnant women in poverty were in simultaneous jeopardy for both energy and protein. The poverty level of income is not a magic threshold, because more than 40 percent of pregnant women living at 1 to 2X poverty (47 percent) and 2 to 3X poverty (44 percent) were in similar jeopardy for energy intake.

When these percentages are projected in relation to the numbers of pregnant women at these income levels in the United States (as estimated from data in the U.S. 1970 Census), we find that nearly a quarter of a million pregnant women living in poverty (243,951) and roughly a third of a million of them living at 1 to 2X poverty (360,892) and at 2 to 3X poverty (340,712) are ingesting below the brain jeopardy criteria for energy. The overall total of pregnant women within these income levels was greater than 900,000 (945,555).

HEAD CIRCUMFERENCE

Infants and children, according to this analysis, are distinctly better nourished than the pregnant women. The incidence of nutrition intake below criterion for energy, in the TSNS, for both infants under one year of age and children under four living in poverty, was 18 percent and for children aged one to four years, in PNS, in the same income category, was 24 percent. For children living at 1 to 2X and 2 to 3X poverty, in both surveys, this rate drops to less than half the incidence in the below poverty income population. The total number of infants and children below their fourth birthday in jeopardy with respect to energy intake, projected for the whole U.S., is more than one million (1,176,569 for infants and children in the TSNS, and 1,011,530, only including children aged 1 to 4 years, in the PNS).

By these criteria, the total of pregnant women, infants and young children living at poverty and near-poverty levels of income is more than two million (2,122,124 projected from the TSNS alone, and more than 2.3 million if evidence from both surveys are consolidated).

As noted above, the evidence concerning low nutrition intake within poverty and near-poverty income level populations is corroborated by the fact that many of these individuals show low and deficient blood and urine levels for substances that are diminished by chronic undernutrition, such as hemoglobin, hematocrit, serum albumin, red cell folacin, vitamin A, and urinary riboflavin among others. This evidence was presented in detail at the Society for Neuroscience Annual Meeting.

Perhaps the most compelling evidence for brain jeopardy due to undernutrition, as reflected in the TSNS and PNS surveys, relates to head circumference measurements. Table II shows that an unexpectedly large number of infants and children with small head circumferences was found among low income families.

The data in Table II, which was derived from the two independent surveys (TSNS and PNS), are very closely similar. The probability that the impoverished populations represented by these two surveys constitute a normal population with respect to head circumference standards is less than one in a million. Since head circumference correlates with brain volume, the smaller head circumferences reflect smaller brain dimensions. This observation implies confirmation of the prediction from nutrition intake data that there are likely to be a large number of infants and children whose brain development was thwarted by undernutrition.

It should be noted that these measurements were made simply by placing a tape around each head and that they are completely independent of the methods for measuring nutrition intake as well as independent of the brain jeopardy criteria.

This work was conducted by Robert B. Livingston, M.D., John S. MacGregor, Gary J. Fisher, and A. Baird Hastings, Ph. D., at the University of California, San Diego School of Medicine; and Doris H. Calloway, Ph. D., at the University of California, Berkeley.

TABLE I.—ESTIMATES OF BRAIN JEOPARDY

	Number	Percent below 70 percent of energy RDA	Projected U.S. totals
TSNS pregnant women:[1]			
Below poverty	151	59	243, 951
1–2× poverty	102	47	360, 892
2–3× poverty	61	44	340, 712
TSNS infants:[2]			
Below poverty	201	18	99, 235
1–2× poverty	172	13	133, 095
2–3× poverty	34	15	154, 869
TSNS children:[3]			
Below poverty	556	18	297, 110
1–2× poverty	280	9	275, 876
2–3× poverty	132	7	216, 384
PNS children:[4]			
Below poverty	246	24	396, 146
1–2× poverty	570	11	337, 182
2–3× poverty	398	9	278, 208

[1] Total pregnant women in jeopardy, 945,555.
[2] Total infants in jeopardy, 387,199.
[3] Total children (TSNS) in jeopardy, 789,370.
[4] Total children (PNS) in jeopardy, 1,011,536.

TABLE II.—HEAD CIRCUMFERENCE COMPARISONS

Percent below	3d	10th	25th	50th	75th	90th	97th
Expectations for a standard population	3.0	10.0	25.0	50.0	75.0	90.0	97.0
Below poverty:							
TSNS (N=1382)	17.3	33.7	51.6	73.2	86.7	94.5	97.4
PNS (N=249)	14.9	28.1	44.6	72.7	89.6	97.2	99.6
1–2X poverty:							
TSNS (N=714)	10.8	21.3	43.7	69.2	84.6	92.3	97.3
PNS (N=584)	11.6	23.0	42.1	64.2	84.4	96.1	99.7
2–3X poverty:							
TSNS (N=269)	6.7	20.1	39.8	68.0	85.9	94.4	97.4
PNS (N=404)	9.4	20.5	35.2	61.6	86.6	95.1	98.3

Legend: Head circumferences for poverty and near poverty populations are compared with Boston standards for head circumference. In a population meeting the Boston standards for normal growth 3 percent of all individuals would be found below the 3d percentile, 25 percent below the 25th percentile etc. Note that when the infants and children from the TSNS are compared with the standards 17.3 percent are found below the 3d percentile, an excess of 14.3 percent.

CHAPTER II—FOOD AND NUTRITION SERVICE, U.S. DEPARTMENT OF AGRICULTURE

SUBCHAPTER B—GENERAL REGULATIONS AND POLICIES—FOOD DISTRIBUTION

PART 250—DONATION OF FOODS FOR USE IN UNITED STATES, ITS TERRITORIES AND POSSESSIONS AND AREAS UNDER ITS JURISDICTION

Section 250.14—Supplemental Food Program

(a) *Definitions.* For the purposes of this section:

(1) "CFPDO" means the Food and Nutrition Service Regional Office, FNS.

(2) "Health facility" means any public or nonprofit private center or agency which provides free or substantially free health services to low-income persons.

(3) "Supplemental food" means commodities specifically made available by the Department for persons in low-income groups vulnerable to malnutrition.

(4) "Low-income groups, vulnerable to malnutrition" means (i) infants and preschool children and (ii) women during and 12 months after pregnancy.

(b) *Eligibility for supplemental food.* Persons in low-income groups vulnerable to malnutrition who have, after consideration of age and income (location and income of parents, in the case of a minor), been found eligible for benefits under existing Federal, State or local food, health or welfare programs for low-income persons, shall be eligible to receive supplemental food donated under section 461, section 32 or other applicable authority through authorizations issued by professional or supervisory personnel of a health facility, or by other personnel the health facility may designate, or by physicians serving money-payment recipients under public welfare programs, in accordance with the provisions of this section. The food benefits provided in this section are available to any area without regard to whether there is a Food Stamp Program in such area and may be made to eligible persons whether or not they are participating in the Food Stamp Program or are otherwise receiving commodities under this part, provided that distribution is made in the immediate vicinity of their place of permanent residence in areas in which the Food Stamp Program is in effect.

(c) *Authorization for supplemental food.* Health facilities approved under this section or physicians serving money-payment recipients under Public Welfare Programs, may issue to eligible persons in low-income groups, vulnerable to malnutrition, who are determined

by a physician or other staff member of such health facility, or his designee, or by such physicians serving money-payment recipients to be in need of the nutrients in the supplemental food, authorizations for the supplemental food for home consumption in specified amounts and varieties judged necessary for their health. The supplemental foods shall be distributed to such persons by health facilities, by recipient agencies, or by the Department.

(d) *Application by health facilities.* Health facilities desiring to participate in the Supplemental Food Program under this section shall negotiate a plan of operation with distributing agencies. If the distributing agency is other than an agency of the Department, the plan of operation shall be approved by the Department. State distributing agencies may design and submit, for approval by the Department, a plan of operation in behalf of several or all health facilities in a geographic area or State. As a minimum, each plan of operation shall contain the following:

(1) The name and location of the health facility(ies) and the title of the official(s) in charge.

(2) Such information regarding the nature of services provided, the criteria of eligibility for such services, the professional and supervisory personnel, and the source of financial support of the health facility as will assist the distributing agency to determine eligibility to participate in the Supplemental Food Program.

(3) The estimated number of persons from low-income groups, vulnerable to malnutrition, who would be eligible for the program based on the following categories: (i) Infants through 3 months, (ii) infants 4 months through 12 months, (iii) preschool children 1 year through 5 years, and (iv) women during and for 12 months after pregnancy.

(4) The method of identifying persons eligible for authorizations, the methods of controlling the issuance of authorizations, and the manner in which distribution will be made to include (i) the identities of the agencies and units that will store and distribute foods on presentation of authorizations, (ii) the records to be maintained, (iii) reports to be made, and (iv) the method of financing distribution. Reports will, as a minimum, show the number of persons in each category that are benefited, and the variety and quantities of foods distributed to each.

(5) The identity of the public health agency and personnel in the unit who will issue authorizations for food with an assurance that no authorizations for supplemental food will be issued except by a physician, or other staff members of the health facility, or his designee, and that issuances will be made only to persons in low-income groups, vulnerable to malnutrition, who are determined to be in need of the nutrients contained in the supplemental food.

(6) Provision for periodic review to ascertain the continuing eligibility of persons to whom authorizations are issued.

(7) Provision for identifying any person who has been designated to receive supplemental food.

(8) Assurances that the supplemental food program will not be used as a means for furthering the political interest of any individual or party, and that there will be no discrimination in the issuance of authorizations for supplemental food because of race, creed, color, or national origin.

(9) Assurances that persons in low-income groups will not be required to make any payments in money, materials or services for the supplemental foods, and that they will not be solicited in connection with the Supplemental Food Program for voluntary cash contributions for any purpose.

(10) The name of the supervising agency and the manner by which it will supervise and coordinate the Supplemental Food Program (if it is multiagency in nature). To the extent possible, operations shall cover an entire political subdivision.

(e) *Agreements with health facilities.* (1) Distributing agencies, or CFPDO where an agency of the Department is the distributing agency, shall enter into agreements with health facilities which are approved to participate in the Supplemental Food Program. Such agreements shall be in writing and shall contain such terms and conditions as the distributing agency or CFPDO deems necessary to assure that (i) issuance of prescriptions for supplemental food is in accordance with this section; (ii) health facilities are responsible to the distributing agency or CFPDO for any distribution resulting from improper or negligent issuance by them of prescriptions for supplemental food.

(2) In situations in which health facilities will themselves distribute the supplemental food, the agreements with the health facilities shall also contain the provisions which are required with respect to recipient agencies under § 250.6(b).

(3) Each agreement with a health facility shall provide that the health facility shall maintain accurate and complete records with respect to its activities under the Supplemental Food Program, and shall retain such records for a period of 3 years from the close of the Federal fiscal year to which they pertain.

[34 F.R. 807, Jan. 18, 1969]

Section 250.15—Operating expense funds for distributing agencies

(a) *Purpose.* The Department will make payments to distributing agencies, other than private agencies, to assist them in meeting operating expenses incurred in administering food distribution programs for needy persons in households.

(b) *Use of funds.* Distributing agencies shall make every reasonable effort to insure the availability of a food distribution program for needy persons in households residing within the area served by the distributing agency but outside an area where the Food Stamp Program is in operation and shall assign priority, in the use of any funds received under this section, to accomplishing that objective. Any remaining funds shall be used to expand and improve distribution to households. Such funds may be used for any costs which are allowable under Bureau of the Budget Circular A–87 (a copy of which may be obtained from FNS) and which are incurred in distributing donated foods to households, including determining eligibility of recipients, except for the purchase cost of land and buildings. In no event shall such funds be used to pay any portion of any expenses if reimbursement or payment therefor is claimed or made available from any other Federal source.

(c) *Apportionment of funds.* From the funds available for the purpose of this section for any fiscal year, the Department shall first reserve funds in an amount sufficient to meet the requirements of subpara-

graph (3) of this paragraph and then shall apportion the remaining funds, as follows:

(1) Twelve and one-half percent of the remaining available funds shall be apportioned among the distributing agencies for Guam, Puerto Rico, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands, and the governing bodies of Indian reservations which are also distributing agencies. The proportion of funds apportioned to each of these distributing agencies shall be such amount as FNS determines is necessary to effectuate the purpose of this section.

(2) The remainder of the funds shall be apportioned among the other State distributing agencies which are, or may be, responsible for food distribution programs to households. The amount of the funds apportioned to each shall be established by dividing 10 percent of such remaining funds equally among such distributing agencies and dividing the remainder among them on the basis of two factors: (i) Per capita income within the State as related to the national per capita income, and (ii) the number of poor in such State, as determined by FNS, who do not reside in areas where a Food Stamp Program operates or is approved for operation by the Secretary, or in areas where distribution is made by the Department or is financially assisted with funds made available under Part 251 of this chapter, as related to the total number of poor in the United States who do not reside in such areas.

(3) If any program of financial assistance conducted under Part 251 of this chapter or any food distribution program operated by the Department is terminated and the Food Stamp Program will not be administered within the same area in which such terminated program was conducted, there shall be added to the amount of funds available to the distributing agency under subparagraph (2) of this paragraph all amounts which would have been paid to a distributing agency or recipient agency or which would have been expended by the Department with respect to such terminated program.

(4) The apportionment of funds under this paragraph shall not be regarded as conveying to any distributing agency a vested right to any fixed amount of funds.

(d) *Notification of availability.* As soon as practicable after funds for the purpose of this section are made available, written notification of the amount of funds apportioned and the period for which they are available shall be given to the distributing agency for which such funds are available.

(e) *Payment of funds.* Upon receiving notification of the amount of funds available to it, each distributing agency shall advise FNS of the amount estimated to be required for the fiscal year. FNS shall, if it concurs, issue a Letter of Credit to the appropriate Federal Reserve Bank in favor of the distributing agency. The distributing agency shall obtain funds needed through presentation by designated officials of a Payment Voucher on Letter of Credit to a local commercial bank for transmission to the appropriate Federal Reserve Bank, in accordance with procedures prescribed by FSN and approved by the U.S. Treasury Department. The distributing agency shall draw only such funds as are needed to pay claims certified for payment and shall use such funds without delay to pay the claims.

(f) *Agreements.* Each distributing agency which desires to receive funds under this section shall execute and submit to FNSRO a letter

of acceptance agreeing to: (1) Expend any funds received solely for the purposes of this section; (2) furnish reports under this part; and (3) amend the existing agreement between the distributing agency and the Department to incorporate contractual provisions required in Government contracts, including the Equal Opportunity clause (section 202 of Executive Order No. 11246 of Sept. 24, 1965) and provisions required by the Contract Work Hours Standards Act (40 U.S.C. 327–330) and the Service Contract Act of 1965 (41 U.S.C. 351–357).

(g) *Records, reports, audits.* Distributing agencies shall (1) maintain, and retain for 3 years from the close of the Federal fiscal year to which they pertain, complete and accurate records of all amounts received and disbursed under this section, (2) keep such accounts and records as may be necessary to enable FSN to determine whether there has been compliance with this section, and (3) permit representatives of the Department and of the General Accounting Office of the United States to inspect, audit, and copy such records and accounts at any FNS on Form FNS 60 concerning the obligations, expenditure and status of funds received under this section. In addition, distributing agencies receiving funds under this section shall submit any other reports in such form as may be required from time to time by the Department.

[Amdt. 14, 36 F.R. 12686, July 3, 1971]

NOTE: The reporting and/or recordkeeping requirements contained herein have been approved by the Office of Management and Budget in accordance with the Federal Reports Act of 1942.

AUTHORITIES FOR COMMODITY DISTRIBUTION

SECTION 32—ACT OF AUGUST 24, 1935

(PUBLIC LAW 74–320) [1]

SEC. 32. There is hereby appropriated for each fiscal year beginning with the fiscal year ending June 30, 1936, an amount equal to 30 per centum of the gross receipts from duties collected under the customs laws during the period January 1 to December 31, both inclusive, preceding the beginning of each such fiscal year.[2] Such sums shall be maintained in a separate fund and shall be used by the Secretary of Agriculture only to (1) encourage the exportation of agricultural commodities and products thereof by the payment of benefits in connection with the exportation thereof or of indemnities for losses incurred in connection with such exportation or by payments to producers in connection with the production of that part of any agricultural commodity required for domestic consumption; (2) encourage the domestic consumption of such commodities or products by diverting them, by the payment of benefits of indemnities or by other means, from the normal channels of trade and commerce or by increasing their utilization through benefits, indemnities, donations or by other means, among persons in low-income groups as determined by the Secretary of Agriculture; and (3) reestablish farmers' purchasing power by making payments in connection with the normal production of any agricultural commodity for domestic consumption. Determinations by the Secretary as to what constitutes diversion and what constitutes normal channels of trade and commerce and what constitutes normal production for domestic consumption shall be final.

The sums appropriated under this section shall be expended for such one or more of the above-specified purposes, and at such times, in such manner, and in such amounts as the Secretary of Agriculture finds will effectuate substantial accomplishment of any one or more of the purposes of this section.[3] Notwithstanding any other provision

[1] The Act of August 24, 1935, 49 Stat. 750, 744. Although this section has been amended a number of times. The purposes of section 32—through payments or indemnities is to encourage the exportation and domestic consumption of agricultural commodities and products and to reestablish farmers' purchasing power in connection with the normal production of agricultural commodities—remains basically the same since February 29, 1936. Authority to encourage consumption of agricultural commodities and products by their utilization among persons in low-income groups was added by amendment of clause (3) in 1939 (53 Stat. 975). Later amendments are noted.

Surplus agricultural commodities purchased under clause (2) may be donated for relief purposes and for use in nonprofit summer camps for children under the Act of June 28, 1937, and may be donated to schools and service institutions under sections 9 and 13 of the National School Lunch Act, as amended, and section 8 of the Child Nutrition Act of 1966.

[2] Section 205 of the Agricultural Act of 1956 authorized the appropriation for each fiscal year, beginning with the fiscal year ending June 30, 1957, of $500,000,000 to enable the Secretary of Agriculture to further carry out the provisions of section 32, subject to all provisions of law relating to the expenditure of funds appropriated by such section, except that up to 50 percent of the $500,000,000 may be devoted during any fiscal year to any one agricultural commodity or the products thereof.

[3] For the administration of section 32, not to exceed 4 percent of the total amount available for such section in any fiscal year may be used for that purpose under the limitation contained in section 392(b) of the Agricultural Act of 1938, as amended.

of this section, the amount that may be devoted, during any fiscal year after June 30, 1939, to any one agricultural commodity or the products thereof in such fiscal year, shall not exceed 20 per centum of the funds available under this section for such fiscal year. The sums appropriated under this section shall be devoted principally to perishable nonbasic agricultural commodities (other than those receiving price support under title II of the Agricultural Act of 1949)[4] and their products.[5] The sums appropriated under this section shall, notwithstanding the provisions of any other law, continue to remain available for the purposes of this section until expended; but any excess of the amount remaining unexpended at the end of any fiscal year over $300,000,000 shall, in the same manner as though it had been appropriated for the service of such fiscal year, be subject to the provisions of section 3690 [6] of the Revised Statutes (U.S.C., title 31, sec. 712), and section 5 [6] of the Act entitled "An Act making appropriations for the legislative, executive, and judicial expenses of the Government for the year ending, June thirtieth, eighteen hundred and seventy-five and for other purposes" (U.S.C., title 31, sec. 714).[7] (7 U.S.C. 612c).

SECTION 4—AGRICULTURE AND CONSUMER PROTECTION ACT OF 1973

(Public Law 93–347)

Sec. 4.[8] (a)[9] (1) Notwithstanding any other provision of law, the Secretary of Agriculture shall until July 1, 1975, (i) use funds available under provisions of section 32 of Public Law 320, Seventy-fourth Congress, as amended (7 U.S.C. 612c), and not otherwise expended or necessary for such purposes to purchase, without regard to the provisions of existing law governing the expenditure of public funds, agricultural commodities and their products of the types customarily purchased under section 32 (which may include seafood commodities and their products) to maintain the traditional level of assistance for food assistance programs as are authorized by law, including but not limited to distribution to needy families pending the transition to the food stamp program, institutions, supplemental feeding programs wherever located, disaster relief, summer camps for children, and the family commodity distribution program on Indian reservations not requesting a food stamp program, and (ii) if stocks of the Commodity Credit Corporation are not available, use the funds of the Corporation to purchase agricultural commodities and their products of the types customarily available under section 416 of the Agricultural Act of 1949 to meet such requirements.

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[4] The clause within the parentheses was substituted for "other than those designated in title II of the Agricultural Act of 1949" by section 5 of the Act of Jan. 30, 1954, 68 Stat. 4.

[5] This sentence was added by section 411 of the Agricultural Act of 1949, 63 Stat. 1057.

[6] Superseded by the Act of July 6, 1949, 63 Stat. 407, 31 U.S.C. 712a, and the Act of July 25, 1956, 70 Stat. 647, as amended, 31 U.S.C. 701–708.

[7] This sentence was added by section 301 of the Agricultural Act of 1948, July 3, 1948, 62 Stat. 1257. See section 392(b) of the Agricultural Adjustment Act of 1938, as amended, for limitation on administrative expenses.

[8] Section 4 was enacted by Public Law 93–86, 87 Stat. 221, approved Aug. 10, 1973.

[9] Subsection (a) has been substituted by Public Law 93–347, 88 Stat. 340, approved July 12, 1974; subsection (a)(1) expired July 1, 1975.

(2) Notwithstanding any other provision of law, the Secretary of Agriculture shall, during each of the two fiscal years beginning July 1, 1975, and ending June 30, 1977, purchase agricultural commodities and otherwise carry out the provisions of this subsection with funds appropriated from the general fund of the Treasury. There are hereby authorized to be appropriated such funds as may be necessary to carry out the provisions of this paragraph. Authority provided in this paragraph shall be carried out only with such funds as are appropriated from the general fund of the Treasury for that specific purpose, and in no event shall it be carried out with funds derived from permanent appropriations.

(b) The Secretary is prohibited from furnishing commodities to summer camps as authorized under section 416 of the Agricultural Act of 1949, section 32 of Public Law 74–320, and section 709 of the Food and Agriculture Act of 1965 if the number of adults participating in the activities of such camp is in excess of one for each five children under 18 years of age participating in such activities.

(c) No individual who receives supplemental security income benefits under title XVI of the Social Security Act shall be considered to be a member of a household for any purpose of the Food Distribution Program for families under section 32 of Public Law 74–320, section 416 of the Agricultural Act of 1949, or other law for any month if such person receives for such month, as part of his supplemental security income benefits or payments described in section 1616(a) of the Social Security Act (if any), an amount equal to the bonus value of food stamps (according to the Food Stamp Schedule effective for July 1973) in addition to the amount of assistance such individual would be entitled to receive for such month under the provisions of the plan of the State approved under title I, X, XIV, or XVI, as appropriate, in effect for December 1973, assuming such plan were in effect for such month and such individual were aged, blind, or disabled, as the case may be, under the provisions of such State plan or under public Law 92–603 as amended. The Secretary of Health, Education, and Welfare shall issue regulations for the implementation of the foregoing sentence after consultation with the Secretary of Agriculture.

SECTION 416—AGRICULTURAL ACT OF 1949

(Public Law 81–439)

DISPOSITION OF COMMODITIES TO PREVENT WASTE

Sec. 416.[10] In order to prevent the waste of commodities whether in private stocks or [11] acquired through price-support operations by the Commodity Credit Corporation before they can be disposed of in normal domestic channels without impairment of the price-support pro-

[10] The provisions of this section were substituted for the previous provisions by section 302 of the Agricultural Trade Development and Assistance Act of 1954, 68 Stat. 458, See section 9 of the Act of September 6, 1958, 72 Stat. 1792 (on p. 244) providing for distribution of commodities under section 416 to overseas areas under the jurisdiction or administration of the United States.

The Food for Peace Act of 1966, Public Law 89-808,80 Stat. 1538, approved November 11, 1966, deleted all references to foreign donations from section 416. Such deletions are effective January 1, 1967.

[11] The words "whether in private stocks or" were added by the Act of July 24, 1959, 73 Stat. 250.

gram or sold abroad at competitive world prices, the Commodity Credit Corporation is authorized, on such terms and under such regulations as the Secretary may deem in the public interest: (1) upon application, to make such commodities available to any Federal agency for use in making payment for commodities not produced in the United States; (2) to barter or exchange such commodities for strategic or other materials as authorized by law; (3) in the case of food commodities to donate such commodities to the Bureau of Indian Affairs and to such State, Federal, or private agency or agencies as may be designated by the proper State or Federal authority and approved by the Secretary, for use in the United States in nonprofit school-lunch programs,[12] in nonprofit summer camps for children,[13] in the assistance of needy persons, and in charitable institutions, including hospitals, to the extent that needy persons are served. In the case of (3) the Secretary shall obtain such assurance as he deems necessary that the recipients thereof will not diminish their normal expenditures for food by reason of such donation. In order to facilitate the appropriate disposal of such commodities, the Secretary may from time to time estimate and announce the quantity of such commodities which he anticipates will become available for distribution under (3). The Commodity Credit Corporation may pay, with respect to commodities disposed of under this section, reprocessing, packaging, transporting, handling, and other charges accruing up to the time of their delivery to a Federal agency or to the designated State or private agency. In addition, in the case of food commodities disposed of under this section, the Commodity Credit Corporation may pay the cost of processing such commodities into a form suitable for home or institutional use, such processing to be accomplished through private trade facilities to the greatest extent possible.[14] For the purpose of this section the terms "State" and "United States" include the District of Columbia and any Territory or possession of the United States. Dairy products acquired by the Commodity Credit Corporation through price support operations may, insofar as they can be used in the United States in nonprofit school lunch and other nonprofit child feeding programs, in the assistance of needy persons, and in charitable institutions, including hospitals, to the extent that needy persons are served, be donated for any such use prior to any other use or disposition.[15] (7 U.S.C. 1431.)

[12] See Act of September 13, 1960, 74 Stat. 899(p. 243) authorizing the use of surplus foods for training home economics students.
[13] The words "in nonprofit summer camps for children," were added by the Act of July 2, 1958, 72 Stat. 86.
[14] This sentence was added by the Agricultural Act of 1956, 70 Stat. 203.
[15] This last sentence was added by Public Law 91-233, 84 Stat. 199, approved April 17, 1970.

SUPPLEMENTAL FOOD PROGRAM; SUMMARY OF OPERATIONS, BY MONTH

[Fiscal years 1969–74]

Month	States	Number of areas			Participation			Quantity of commodities [1]			Value of commodities [2]		
		Food stamp	Nonfood, number	Total	Food stamp	Nonfood, number of persons	Total	Food stamp	Nonfood, pounds	Total	Food stamp	Nonfood, dollars	Total
Fiscal year 1969:													
November	11	----------	51	51	----------	5,096	5,096	----------	120,675	120,675	----------	23,442	23,442
December	14	----------	60	60	----------	11,595	11,595	----------	330,425	330,425	----------	59,526	59,526
January	15	2	66	68	321	13,107	13,428	9,076	330,930	340,006	1,799	61,901	63,700
February	15	5	66	71	3,900	12,867	16,767	129,766	370,922	500,688	26,581	68,505	95,086
March	19	7	70	77	6,754	13,711	20,465	223,225	382,731	605,956	45,219	73,667	118,886
April	20	10	76	86	13,338	13,711	27,049	433,084	378,986	812,070	88,170	73,874	162,044
May	20	10	83	93	16,247	13,603	29,850	574,239	424,330	998,569	117,923	81,600	199,523
June	22	15	94	109	26,056	14,263	40,319	873,239	479,488	1,352,727	183,458	99,573	283,031
Total fiscal year 1969					[3] 8,327	[3] 12,244	[3] 20,571	2,242,629	2,818,487	5,061,116	463,150	542,088	1,005,238
Fiscal year 1970:													
July	25	18	104	122	30,343	15,208	45,551	967,325	501,414	1,468,739	193,470	99,859	293,329
August	24	21	105	126	39,296	16,628	55,924	1,313,228	549,998	1,863,226	264,059	111,654	375,713
September	24	19	107	126	43,871	17,896	61,767	1,480,150	581,788	2,061,938	300,421	119,715	420,136
October	25	24	110	134	48,438	19,886	68,324	1,563,162	641,528	2,204,690	323,621	133,541	457,162
November	26	29	116	145	52,595	21,534	74,129	1,682,581	665,912	2,348,493	353,489	142,186	495,675
December	27	26	121	157	56,905	23,903	80,808	1,854,237	782,026	2,636,263	387,959	164,821	552,780
January	30	46	129	175	64,257	26,732	90,989	2,109,453	894,910	3,004,363	444,609	185,329	629,938
February	32	58	139	197	74,368	30,391	104,759	2,490,363	991,394	3,481,757	529,727	210,358	740,085
March	33	74	143	217	81,561	34,475	116,036	2,792,836	1,144,508	3,937,344	596,967	240,550	837,517
April	35	93	149	242	96,502	38,838	135,340	3,249,569	1,259,579	4,509,148	705,992	263,898	969,890
May	34	103	155	258	104,186	38,323	142,509	3,484,807	1,329,199	4,814,006	741,123	253,345	994,468
June	34	113	149	262	108,451	38,381	146,832	3,621,874	1,347,516	4,969,390	753,649	261,363	1,015,012
Total fiscal year 1970					[3] 66,731	[3] 26,850	[3] 93,581	26,609,585	10,689,772	37,299,357	5,595,086	2,186,619	7,781,705

See footnotes at end of table.

SUPPLEMENTAL FOOD PROGRAM; SUMMARY OF OPERATIONS, BY MONTH—Continued

[Fiscal years 1969–74]

Month	States	Number of areas			Participation			Quantity of commodities [1]			Value of commodities [2]		
		Food stamp	Nonfood, number	Total	Food stamp	Nonfood, number of persons	Total	Food stamp	Nonfood, pounds	Total	Food stamp	Nonfood, dollars	Total
Fiscal year 1971:													
July	34	120	142	262	118,526	38,264	156,790	3,805,406	1,228,197	5,033,603	813,015	229,591	1,042,606
August	35	121	148	269	126,048	38,445	164,493	3,737,664	1,241,967	4,979,631	773,573	236,276	1,009,849
September	36	132	135	267	129,205	38,357	167,562	4,036,126	1,213,874	5,250,000	781,095	233,116	1,014,211
October	36	134	141	275	132,200	39,512	171,712	3,765,014	1,257,431	5,022,445	743,312	230,092	973,404
November	36	133	143	276	141,516	40,784	182,300	4,133,617	1,252,897	5,386,514	785,878	227,090	1,012,968
December	37	134	153	287	144,993	43,030	188,023	4,441,422	1,350,944	5,792,366	811,418	244,886	1,056,304
January	38	134	164	298	140,727	46,016	186,743	4,394,519	1,417,761	5,812,280	797,167	256,107	1,053,274
February	38	134	176	310	138,583	47,344	185,927	4,307,040	1,465,643	5,772,683	812,243	259,904	1,072,147
March	38	134	185	319	148,304	51,740	200,044	4,524,669	1,672,356	6,197,025	827,666	301,122	1,128,788
April	38	133	191	324	144,109	49,253	193,362	4,440,226	1,618,552	6,058,778	823,270	290,841	1,114,111
May	38	135	191	326	146,535	48,048	194,583	4,527,371	1,646,211	6,173,582	839,286	294,848	1,134,134
June	37	132	193	325	151,823	50,473	202,296	4,174,052	1,872,868	6,586,920	864,310	333,837	1,198,147
Total fiscal year 1971					[3] 138,547	[3] 44,272	[3] 182,819	50,827,126	17,238,701	68,065,827	9,672,233	3,137,710	12,809,943
Fiscal year 1972:													
July	37	131	194	325	144,792	46,911	191,703	4,607,997	1,557,989	6,165,986	845,874	282,652	1,128,526
August	37	129	196	235	139,302	48,840	188,142	4,428,012	1,744,914	6,172,926	839,148	315,399	1,154,547
September	37	129	195	324	134,701	44,487	179,188	3,877,849	1,381,156	5,259,005	766,081	263,937	1,030,018
October	37	129	197	326	132,922	43,450	176,372	3,702,703	1,354,991	5,057,694	744,160	261,129	1,005,289
November	37	128	195	323	129,640	42,969	172,609	3,665,559	1,349,440	5,014,999	728,484	257,227	985,711
December	37	128	193	321	126,381	42,565	168,946	3,523,998	1,325,179	4,849,177	701,099	250,656	951,755
January	37	127	192	319	116,597	45,757	162,354	3,251,348	1,542,879	4,794,227	658,498	308,655	967,153
February	37	127	190	317	121,864	47,368	169,232	3,673,842	1,607,484	5,281,326	735,347	322,754	1,058,081
March	36	123	142	265	121,191	47,106	168,297	3,877,293	1,663,160	5,540,453	791,856	337,028	1,128,884
April	36	123	143	266	124,168	38,086	162,254	4,032,584	1,227,983	5,260,567	885,809	251,358	1,137,167
May	36	124	140	264	129,711	34,587	164,298	4,353,359	1,071,726	5,425,085	924,151	220,189	1,144,340
June	36	124	139	263	130,872	31,802	162,674	4,389,574	1,042,937	5,132,511	956,716	219,662	1,176,378
Total fiscal year 1972					[3] 129,345	[3] 42,827	[3] 172,172	47,384,118	16,869,838	64,253,956	9,577,223	3,290,626	12,867,849

Fiscal year 1973:													
July	34	123	138	261	125,498	30,999	156,497	4,265,674	1,002,036	5,264,710	961,700	213,748	1,175,448
August	34	123	135	259	130,403	30,517	160,920	4,227,114	1,008,188	5,235,302	912,100	216,233	1,128,333
September	34	123	135	258	126,339	30,961	157,300	4,264,512	984,721	5,249,233	890,324	195,484	1,085,808
October	34	123	134	257	129,967	30,124	160,991	4,299,022	982,277	5,281,299	903,092	197,738	1,100,830
November	34	123	135	258	128,579	29,685	158,264	4,289,615	982,561	5,272,176	899,032	200,539	1,099,571
December	34	123	132	255	119,962	29,108	149,070	3,998,814	921,071	4,919,885	844,320	187,934	1,032,254
January	34	122	131	253	126,624	30,116	156,740	4,159,079	966,144	5,125,223	933,087	198,414	1,101,501
February	34	113	132	245	126,724	30,326	157,050	4,246,441	962,371	5,208,812	915,198	200,921	1,116,119
March	34	113	131	244	132,322	31,901	164,223	4,380,826	1,018,446	5,399,272	976,843	211,377	1,185,220
April	34	113	131	244	126,669	30,886	157,555	3,948,013	930,287	4,878,300	856,044	193,465	1,049,509
May	34	112	128	240	127,181	30,963	158,144	3,969,361	953,833	4,923,194	903,975	196,679	1,100,654
June	34	112	125	237	130,282	29,322	159,604	3,945,646	980,778	4,926,424	917,472	210,723	1,128,195
Total fiscal year 1973					[3] 127,546	[3] 30,403	[3] 156,954	49,994,117	11,692,713	61,686,839	10,883,187	2,423,255	13,306,442
Fiscal year 1974:													
July	34	108	120	228	128,167	30,928	159,095	4,061,650	976,245	5,037,895	928,938	215,356	1,144,294
August	34	108	115	223	137,996	29,536	167,532	4,195,828	964,239	5,160,067	1,095,696	239,978	1,335,674
September	34	108	113	221	134,639	26,295	160,934	4,192,870	889,005	5,081,875	1,171,890	230,374	1,420,264
October	34	108	104	212	134,121	19,676	153,797	3,971,988	626,674	4,598,662	1,162,292	181,881	1,344,123
November	33	108	99	207	130,632	18,421	149,053	3,674,899	525,965	4,200,864	1,126,370	150,163	1,276,533
December	33	108	99	207	119,335	17,617	137,002	3,402,158	546,396	3,948,444	1,056,900	155,549	1,212,449
January	33	108	93	201	128,315	16,605	144,920	3,315,275	401,732	3,717,007	1,071,467	119,801	1,191,268
February	33	107	91	198	126,673	16,269	142,942	3,251,243	402,232	3,653,475	1,084,545	121,380	1,205,834
March	33	107	88	195	123,717	15,456	139,173	3,156,205	403,554	3,559,759	1,086,719	127,731	1,214,450
April	31	106	70	176	120,654	13,810	134,646	3,356,910	392,179	3,749,089	1,094,788	122,140	1,216,938
May	29	102	61	163	118,929	13,124	132,053	3,707,296	399,243	4,106,539	1,171,024	117,527	1,288,551
June	28	102	50	152	116,085	11,251	127,364	3,750,394	330,786	4,081,180	1,167,042	98,949	1,265,991
Total fiscal year 1974					[3] 126,609	[3] 19,083	[3] 145,693	44,036,716	6,858,140	50,894,856	13,217,530	1,880,829	15,098,359

[1] Food distributed under provisions of Sec. 32, Public Law 320, 74th Congress, approved Aug. 24, 1935, as amended and under sec. 416 of the Agricultural Act of 1949, as amended.
[2] Cost to Government represents: purchase, handling, warehouse and delivery costs to the Distributing Agency. Does not include administrative costs.
[3] Average.

Source: Food and Nutrition Service, program reporting staff, U.S. Department of Agriculture.

SUPPLEMENTAL FOOD PROGRAM, QUANTITY AND ESTIMATED COST OF FOOD RECOMMENDED FOR DISTRIBUTION PER PERSON PER MONTH

Commodity	Estimated cost to the Government			Estimated retail value	
	Recommended distribution rate (pounds)	Cost per pound	Cost per person	Value per pound	Value per person
Egg mix	0.563	$1.256	$0.707	$2.388	$1.344
Fruits, canned	1.812	.204	.370	.368	.667
Fruits/vegetable juice	3.120	.136	.424	.279	.870
Meat/poultry canned	3.650	.736	2.686	1.399	5.106
Milk, evaporated	1.812	.258	.467	.342	.620
Milk, NFD, instant fortified	4.000	.707	2.828	.998	3.992
Peanut butter	2.000	.926	.926	1.460	1.460
Potatoes, instant	1.000	.257	.257	1.262	1.262
Syrup, corn	1.490	.245	.365	.590	.879
Vegetables, canned	1.000	.190	.190	.348	.348
Total	20.447		9.220		16.548

SUPPLEMENTAL FOOD PROGRAM SUMMARY

[There are 136 areas operating a supplemental food program including the District of Columbia, with the latest participation (October and November 1975) of 135,572]

Regions	Food distribution		Food stamp		Totals	
	Areas	participation	Areas	participation	Areas	participation
Mid-Atlantic	0	0	1	10,454	1	10,454
Southeast	0	0	15	19,553	15	19,553
Midwest	1	847	81	52,601	82	53,448
West-Central	5	2,374	30	40,025	35	42,399
Western	0	0	3	9,718	3	9,718
Total	6	3,221	130	132,351	136	135,572

SUPPLEMENTAL FOOD PROGRAM DATA AS OF NOVEMBER 1975

Region, State, areas,[1] and total areas participating	Type of project	Authorized caseload	November 1975 participation
MIDATLANTIC REGION			
District of Columbia (1): Washington	F/S	30,000	10,454

Regional Summary

Total States	1
Total authorize caseload	30,000
Total current participation	10,454
Areas	1

See footnotes at end of table.

SUPPLEMENTAL FOOD PROGRAM DATA AS OF NOVEMBER 1975—Continued

Region, States, areas,[1] and total areas participating	Type of project	Authorized caseload	November 1975 participation
SOUTHEAST REGION			
North Carolina (6):			
Alamance	F/S	1,000	1,009
Chowan	F/S	250	115
Halifax	F/S	1,950	432
Northampton	F/S	2,200	38
Orange	F/S	600	437
Wake	F/S	1,400	584
Total		7,400	2,579
Tennessee (9):			
Davidson	F/S	16,000	7,336
Decatur	F/S	820	47
Dyer	F/S	900	568
Henry	F/S	2,000	103
Lake	F/S	375	435
Obion	F/S	425	117
Shelby	F/S	8,000	5,292
Shelby (Map S.)	F/S	5,500	2,777
Weakley	F/S	425	239
Total		34,445	16,974
Regional summary			
Total States			2
Total authorize caseload			41,845
Total current participation			19,553
Areas			15
MIDWEST REGION			
Illinois (1): Cook	F/S	15,000	5,386
Iowa (31):[2]			
BIPT Community Action Council (4)	F/S	725	(374)
Benton	F/S	----------	83
Iowa	F/S	----------	45
Poweshiek	F/S	----------	66
Tama	F/S	----------	180
Community Opportunity (7)	F/S	1,375	(697)
Audubon	F/S	----------	34
Calhoun	F/S	----------	79
Carroll	F/S	----------	82
Dallas	F/S	----------	233
Greene	F/S	----------	106
Guthrie	F/S	----------	85
Sac	F/S	----------	78
County Community Action Council (2)	F/S	3,675	(1,031)
Black Hawk	F/S	----------	940
Buchanan	F/S	----------	91
Hawkeye area (3)	F/S	3,400	(810)
Johnson	F/S	----------	207
Jones	F/S	----------	116
Linn	F/S	----------	487
Iowa Central Health (4)	F/S	11,275	(2,778)
Jasper	F/S	----------	180
Marion	F/S	----------	129
Polk	F/S	----------	2,391
Warren	F/S	----------	78
Iowa West-Central Train (4)	F/S	875	(352)
Crawford	F/S	----------	59
Harrison	F/S	----------	142
Monona	F/S	----------	86
Shelby	F/S	----------	65
Upper Des Moines (7)	F/S	1,575	(564)
Buena Vista	F/S	----------	94
Clay	F/S	----------	52
Dickinson	E/S	----------	72
Emmett	F/S	----------	96
Kossuth	F/S	----------	86
Palo Alto	F/S	----------	104
Pocahontas	F/S	----------	60
Total		22,900	6,606
Michigan (1): Detroit City	F/S	35,000	23,456
Minnesota (1): Red Lake Reservation (Betrami)	F/D	800	847

See footnotes at end of table.

SUPPLEMENTAL FOOD PROGRAM DATA AS OF NOVEMBER 1975—Continued

Region, States, areas,[1] and total areas participating	Type of project	Authorized caseload	November 1975 participation
Missouri (47):			
Atchison	F/S	30	8
Audrain	F/S	147	26
Barton	F/S	36	16
Bollinger	F/S	213	33
Boone	F/S	293	59
Calloway	F/S	130	53
Camden	F/S	38	68
Cass	F/S	75	10
Chariton	F/S	115	4
Christian	F/S	71	48
Clay	F/S	3,474	10
Cole	F/S	146	22
Cooper	F/S	62	33
Crawford	F/S	109	50
Dade	F/S	34	66
Dallas	F/S	101	80
Dent	F/S	228	55
Hickory	F/S	21	20
Iron	F/S	93	39
Jefferson	F/S	290	306
Lafayette	F/S	65	28
Lawrence	F/S	135	38
Macon	F/S	48	10
Madison	F/S	65	77
Miller	F/S	74	18
Montgomery	F/S	65	37
Morgan	F/S	54	39
Newton	F/S	183	51
Oregon	F/S	120	136
Osage	F/S	39	17
Pettis	F/S	188	106
Pike	F/S	104	15
Platte	F/S	249	10
Polk	F/S	63	35
Pulaski	F/S	61	99
Ralls	F/S	31	15
Reynolds	F/S	89	4
St. Charles	F/S	141	46
St. Louis, inner city	F/S	20,000	8,897
St. Louis	F/S	9,400	2,922
Ste. Geneviene	F/S	61	4
Saline	F/S	75	42
Shannon	F/S	78	103
Taney	F/S	108	103
Warren	F/S	33	51
Wayne	F/S	120	85
Webster	F/S	141	16
Total		37,496	14,010
Nebraska (1): Douglas	F/S	10,000	3,143

Regional Summary

Total States	6
Total authorized caseload	121,196
Food stamp	110,396
Food distribution	800
Total current participation	53,448
Food stamp	52,601
Food distribution	847
Areas	82
Food stamp	81
Food distribution	1

See footnotes at end of table.

SUPPLEMENTAL FOOD PROGRAM DATA AS OF NOVEMBER 1975—Continued

Region, States, areas,[1] and total areas participating	Type of project	Authorized caseload	November 1975 participation
WEST-CENTRAL REGION			
Arkansas (10):			
Baxter	F/S	350	55
Boone	F/S	300	150
Hot Spring	F/S	375	362
Jefferson	F/S	1,500	1,130
Marion	F/S	375	165
Newton	F/S	500	275
Pulaski	F/S	7,000	5,091
St. Francis	F/S	625	401
Saline	F/S	350	376
Washington	F/S	200	72
Total		11,575	8,077
Colorado (7):			
Conejos	F/S	1,225	284
Costilla	F/S	575	184
Denver	F/S	10,900	7,615
Mesa	F/S	1,150	482
Prowers	F/S	1,025	247
Rio Grande	F/S	325	303
Weld	F/S	4,000	1,280
Total		19,200	10,395
Louisiana (2):			
Orleans	F/S	25,000	13,087
Webster	F/S	1,025	1,472
Total		26,025	14,559
North Dakota (3):			
Ft. Berthold Reservation (Mountrail)	F/D	150	67
Standing Rock Reservation (Souix)	F/D	225	81
Turtle Mt. Reservation (Rollette)	F/D	625	[3] 48
Total		1,000	196
South Dakota (3):			
Brown	F/S	100	119
Cheyenne Reservation (Dewey and Ziebach)	F/D	975	745
Pine Ridge (Shannon)	F/D	3,625	1,433
Total		4,700	2,297
Utah (10):			
Box Elder	F/S	14,550	373
Cache	F/S	----------	176
Carbon	F/S	----------	134
Davis	F/S	----------	333
Emergy	F/S	----------	19
Ft. Duchesne Reservation (Duchesne)	F/S	----------	210
Grand	F/S	----------	37
Salt Lake	F/S	----------	3,451
Utah	F/S	----------	932
Weber	F/S	----------	1,205
Total		14,550	6,875

Regional Summary

Total States	6
Total authorized caseload	77,050
Food stamp	71,450
Food distribution	5,600
Total current participation	42,399
Food stamp	40,025
Food distribution	2,374
Areas	35
Food stamp	30
Food distribution	5

See footnotes at end of table.

SUPPLEMENTAL FOOD PROGRAM DATA AS OF NOVEMBER 1975—Continued

Region, States, areas,[1] and total areas participating	Type of project	Authorized caseload	October 1975 participation
WESTERN REGION			
California (3):			
Sacramento	F/S	2,000	1,683
San Benito	F/S	75	69
San Francisco	F/S	12,000	7,966
Total		14,075	9,718

Regional Summary

Total States	1
Total authorized caseload	14,075
Total current participation	9,718
Areas	3

[1] Areas: All are counties unless otherwise indicated.
[2] Iowa: Multiprogram operation.
[3] October participation.

[From the Community Nutrition Institute Weekly Report, Apr. 12, 1973]

FAMILIES FACE COMMODITY CUTBACKS

Families participating in the shrinking but still vital surplus food distribution program face shortages of fruit juices, vegetables, cheese, meat and poultry in the coming months unless current trends are reversed.

High food prices are preventing USDA officials from purchasing items that have been routinely obtained for needy families participating in the program in the past. The shortages are not likely to be visible in most localities for some time, since most commodity distribution warehouses stock two or three month supplies or surplus food items.

Reports reaching CNI from Boston and from rural Indiana forecast serious shortages in the coming weeks. Three weeks ago officials in Boston were predicting a total shortage of dairy products in the program; that situation has been remedied, however.

An official of USDA's direct distribution division told CNI Weekly Report that the program is currently "in trouble in the pipeline," although not at the recipient level, with a number of food items. The Department did not accept offers of canned orange juice last month, and it has not been able to procure such vegetables as green beans, peas and corn for April, June or July, he said. He added that USDA has "not given up" on the possibility of procuring orange juice. In lieu of vegetables, the Department bought extra amounts of fruit cocktail and pears, he added.

"Cheese is tough," the USDA official reported. "We go out for offers every week. We got one acceptable bid for 60 carloads, but that's not enough."

The official said USDA had been "very pessimistic" about obtaining instant nonfat milk, then suddenly received an offer of 10.5 million pounds. He described the situation with evaporated milk as "not all we want, but okay." Both milk products are vital to the supplemental feeding program for infants and nursing mothers.

Peanut butter, an important source of vegetable protein, poses no problem for USDA buyers, he said.

The USDA official said the Department had been able to purchase all its April requirements for canned pork luncheon meat but had been cut off on May purchases. "We're hopeful the pork situation will stabilize," he said.

A similar situation exists for poultry. USDA was able to buy all it needed for April but was unable to buy for its May needs.

A USDA memo to state commodity distribution administrators reportedly states that, because of present supply and demand prolems, "it is not now possible to predict when or in what quantities" USDA will be able to purchase its normal range of foods for the program.

[From the Community Nutrition Institute Weekly Report, May 24, 1973]

"CRISIS" MEETING ISSUES INFANT FEEDING DEMANDS

Participants in a "crisis conference" on the supplemental feeding program last week demanded that USDA release immediately $20 million in federal funds "to feed needy infants, children and pregnant and nursing mothers—not to duplicate existing research."

Sponsored by the Children's Foundation, a Washington-based anti-hunger organization, the conference attracted 40 participants concerned with existing supplemental feeding programs. The Children's Foundation has recently reported on cutbacks in supplemental feeding resulting from the phasing out of OEO funds used in administering local programs (see CNI Vol. III:12).

Conference participants expressed fears that their ongoing programs would be allowed to die while USDA gears up for a special supplemental feeding program authorized by Congress last fall (see CNI Vol. III:19).

"USDA is expending its energy—and the life of existing programs—in meetings with other agency representatives who want a piece of the program," the Children's Foundation charged in a May 13 "Mother's Day" press release. "The Senate Nutrition Committee is planning hearings next month but to date have only invited researchers to repeat their assessment of the need of pregnant and nursing women and children for adequate nutrition."

Organizing an "Emergency Committee for the Survival of Women and Children," conference participants issued the following additional demands of USDA:

Existing programs must be given administrative money to allow them to continue and expand—as Congress mandated;

Every program must serve pregnant and nursing women and children through age four—not just one segment of this group;

No program should be allowed to rely exclusively on engineered foods or to use foods not proven safe;

Participants must not be used for medical research with control groups or for medical experiments;

By June 1974 every county in the United States should have the supplemental food program available.

In an "overview of the crisis," the Children's Foundation charged that by the end of the year at least 36 percent of existing supplemental programs feeding 60,000 women and children will have been "starved out of existence." The Children's Foundation; the Human Development Corporation, the community action agency for St. Louis; and the National Council of Negro Women are planning an anti-impoundment lawsuit on the supplemental feeding issue, the press statement said.

In a statement prepared for delivery at the conference, Senator Clifford P. Case (R-N.J.) expressed dismay that USDA "has failed after nine months to act in implementing the needed pilot program or in making firm proposals to protect the older supplemental feeding program."

[From the Community Nutrition Institute Weekly Report, Jan. 24, 1974]

McGOVERN BILL AIMS TO PRESERVE DONATED COMMODITIES

Senators George McGovern (D-S.D.), Edward M. Kennedy (D-Mass.) and twelve co-sponsors this week introduced a bill (S. 2871) to save the supplemental feeding programs, continue the flow of USDA donated commodities to schools and other institutions, and allow Indian tribes to administer their own food stamp programs.

The bill, labeled "Food Program Technical Amendments of 1974," was simultaneously introduced in the House by Rep. John Melcher (D-Mont.), with minor changes (H.R. 12168).

The legislation would extend indefinitely the requirement that USDA purchase commodities at market prices to "maintain the traditional level of assistance" for all programs now receiving commodities except the needy family program. Legislation passed by Congress last summer requires that the food stamp program replace the needy family program throughout the nation by June 30.

In recent weeks USDA officials have told state school lunch directors to expect substantial cutbacks in commodity deliveries after this spring, and they have informed some state commodity distribution officials to expect no further commodity deliveries at all for supplemental feeding programs or institutional programs. Traditionally, USDA has supplied these programs with surplus commodity items; now, however, virtually no commodity items remain in surplus. USDA has been able to continue to provide other commodities under authority it received last summer to purchase food items even if they are not in surplus, so that the traditional commodities deliveries may continue. This authority expires June 30.

Neil Freeman, deputy administrator of USDA's Food and Nutrition Service (FNS), this week told CNI Weekly Report that USDA is now using this authority to purchase almost all commodities except those provided to schools under Section 6 of the National School Lunch Act. (Section 6 allows for the purchase of non-surplus items, but such purchases account for only about 25 percent of the commodities USDA now provides to schools.) Freeman said that if USDA purchased only surplus items, only "limited volumes of a few commodities" could now be bought.

FOOD STAMP CHANGES

The new bill also includes a significant change in the financing of the food stamp program. It would raise the federal share of all state and county administrative costs, including food stamp issuance and storage, to 16.5 percent. Presently USDA pays 62.5 percent of the cost of certification, outreach, and fair hearings but none of the cost of issuance and storage. The federal share of the total state and county administrative costs amounts to only about 25 percent.

Marshall Matz, assistant counsel to the Senate Nutrition Committee, told CNI Weekly Report that the change in the financing formula is needed to promote a smooth changeover from the needy family (commodity) program to food stamps. Matz noted that poorer counties still in the commodity program now receive most adminis-

strative expense funds from USDA; they will be hit with major increases in their share of expenses when they switch to food stamps. Since many of these counties are rural areas with small tax bases, Matz said, they will have to come up with heavy increases in local funds if they are to provide the quality of outreach, certification and other services necessary to run a decent food stamp program in an outlying area.

The proposed increase in the federal share of food stamp costs could also have an important impact on existing food stamp programs by enabling states and counties to increase the number of certification and outreach workers. This could help shorten the waits of up to eight hours for certification, allow more thorough investigations of food stamp applicants, and boost the negligible outreach activity that exists in many areas.

At present, Matz stated, states and counties cannot afford to run the stamp program properly. He noted that the costs USDA shares in are largely fixed, while issuance costs mushroom when food stamp participation rapidly increases. USDA has predicted a sizeable increase in participation in 1974, due to increased income limits that took effect January 1 and to the ending of the commodity program for needy families. The growing unemployment rate should add even more persons to food stamp rolls.

INDIAN RESERVATIONS

Another major provision concerns the operations of the food stamp program on Indian reservations. Most reservations now have commodity programs, and many are voicing concern that if state-run food stamp programs replace their commodity programs by June 30, the results will be disastrous (CNI will examine this issue next week). In addition, some states have objected to using their tax dollars to administer the program for reservation Indians; one state, North Dakota, has adamantly refused to do so (see CNI Vol. III:48).

The bill would deal with this issue by giving reservations the right to contract direcly with USDA to run their own food stamp program. A number of tribes now administer their own commodity programs for needy families.

A tribe would also have the option of entering into an agreement with state officials or with the U.S. Bureau of Indian Affairs (BIA) to administer the program. Whoever ran the program—the tribal government, state, or BIA—would receive 100 percent of administrative costs from USDA.

In addition, the bill might allow some reservations to delay the switchover to food stamps until after June 30, an option a number of tribes have requested. Since the bill places reservations on the same footing as states, a reservation could conceivably submit a "state plan" to USDA showing that changing to food stamps by June 30 is "impossible or impracticable." If USDA accepted this finding, it could conceivably allow a reservation to continue receiving commodities after June 30, if commodities were made available.

The Senate version of the bill also includes a provision absent from the House bill that would permit the USDA Secretary to waive compliance with any parts of food stamp laws or regulations for pilot demonstration projects. New Mexico's welfare director, Richard Heim, has expressed interest in running a pilot project in which recipients would pay no purchase price and would receive food stamp allotments equal in value to their food stamp bonuses. California state officials unsuccessfully asked USDA last September for permission to dispense with the various deductions and disregards in 16 counties and instead to use new food stamp issuance tables that would have a standard deduction figured in.

ROUGH TEST AHEAD

The new legislation closely parallels a number of recommendations made by state food stamp and welfare directors in November; it should receive strong support from governors and county officials. Antipoverty groups, community organizations, school food service directors, Indian tribes and public interest organizations are also expected to line up behind the legislation

In spite of this support, however, the bill faces a tough, uphill fight in the House, where it will have to pass difficult challenges in the House Agriculture Committee and on the House floor. Food stamp legislation has traditionally passed the Committee and the full House only as part of large farm bills; farm state Congressmen have supported food stamps in return for urban, liberal support for provisions favorable to powerful farming interests. In addition, even the attachment of food stamp provisions to major farm legislation has not, in the past, prevented serious attempts in the House, some successful, to write new restrictions into the food stamp program.

Opposition to the bill is also expected from the Nixon Administration. Growing evidence indicates that the Administration is anxious to use the expiration of the needy family-commodity program—and of the authority to purchase commodities at market prices—as a means to kill off the supplemental program and to end all commodity deliveries to other programs and institutions except those authorized to schools under Section 6 (see CNI Vol. III:50). There are now rumors that the Department plans to stop purchasing commodities in April or May so that government stocks will be depleted by June 30.

Institutions Get the Word

The ax has begun to fall on institutions receiving USDA donated commodities. Last month Montana officials informed all institutional recipients in the state that deliveries would cease after July 1. The state officials said in a memo that USDA had informed them that the commodity program for institutions would be terminated. Institutions in other states can expect similar notices soon.

[From the Community Nutrition Institute Weekly Report, Feb. 14, 1974]

USDA MEMO REVEALS STRATEGY FOR ENDING COMMODITIES

Senator George S. McGovern (D-S.D.), chairman of the Senate Nutrition Committee, this week released an internal memo from USDA Assistant Secretary Clayton Yeutter to Agriculture Secretary Earl L. Butz outlining a strategy for phasing out commodity distribution in fiscal 1975.

The January 25 memo, the text of which is reprinted herewith, confirms rumors that USDA plans to get out of the commodity business entirely (see CNI Vol. III:50; Vol. IV:4). The memo recommends sharp reductions and "hopefully a phaseout" of all USDA commodity purchases for domestic food programs and possibly for Food for Peace assistance as well.

Once the needy family commodity program is replaced by food stamps this spring, Yeutter's memo says, "distribution to institutions should be phased down as much as possible thereby minimizing the flak that will be received if and when complete termination takes place, i.e., on June 30, 1975. Distribution to the schools should be reduced dramatically, and the shortfall replaced by cash, as is already permitted by law. This, too, will reduce the shock if distribution is completely terminated on June 30, 1975. It probably is too early to determine whether foreign distribution can also be terminated at that time."

Yeutter recommends developing standby voucher programs similar to food stamps as alternatives to present commodity procurement "if and when surpluses develop in future years."

"If Mr. Yeutter's recommendations are carried out," McGovern said in a press release, "it could affect markets for dairy, meat, grain, fruit and vegetable producers and processors. . . . It would work real hardships on orphan homes, school children and school budgets, disaster victims and relief agencies, older Americans and the institutions serving them, and especially the most undernourished among us."

McGovern noted that in fiscal 1973 USDA had donated 980 million pounds of food to schools; some 127 million pounds to charitable institutions and an average of 3 million pounds to the American Red Cross for disaster relief. The South Dakota Senator recalled that the president of the Red Cross had testified last fall that purchasing the same commodities on the open market would have cost the organization twice what it had cost the federal government.

McGovern said the memo appeared to be a direct response to legislation introduced by him and several other Senators to continue USDA's authority to purchase commodities on the open market. Similar legislation has been introduced in the House; the latest bill was offered by Rep. Edward J. Patten (D-N.J.). (See accompanying story.)

"ALL OUT OPPOSITION"

Yeutter's memo recommends "all out opposition" to McGovern's bill, adding, "if it should pass, we'll be in the commodity procurement business forever." He notes that "the school feeding lobby is strongly opposed to termination of commodity procurement for child nutrition"

because "they wish to avoid transfer of the child nutrition programs to HEW" as proposed in President Nixon's budget message (see CNI Vol. VI:6).

In a telephone interview, Yeutter told CNI Weekly Report that McGovern had released his memo "out of context." He denied that institutions or individuals would suffer during the phasing out of commodities, since USDA would "shift into an alternative system that will do the same thing or better."

Yeutter said USDA field personnel who have been announcing the imminent end of commodity deliveries "aren't aware of discussions we're having here to plan this thing out." He said the Department may make heavy food purchases on the open market before special authority runs out in June, then rely on existing surplus removal authority in fiscal 1975 to meet commodity needs during the transition to the new system.

The Administration's new budget proposals show a decline of about $24 million in commodities for schools in fiscal 1975. Although the budget predicts that the total number of school lunches served will remain constant and that the number of breakfasts will increase by 20 million, funds for commodities for child nutrition programs are shown as cut back from $313.7 million to $290 million.

USDA officials said this week that since only a few million dollars of commodities go to non-school food programs, the cut will come entirely in deliveries to schools. These officials maintained that the $290 million would enable USDA to provide 7 cents of commodities for each lunch provided; in the current fiscal year USDA is actually exceeding the 7 cents per lunch figure.

DEPARTMENT OF AGRICULTURE,
OFFICE OF THE SECRETARY,
Washington, D.C., January 25, 1974.

To: Secretary Butz.
Subject: Commodity Procurement.

GENERAL BACKGROUND

1. Purchasing is handled by: (1) AMS under the Section 32 surplus removal program, with distribution by FNS to both family and child nutrition (school lunch and breakfast) programs; (2) AMS under Section 6, which is not limited to surplus removal, with distribution by FNS only to child nutrition programs; and (3) ASCS under Section 416 for price support purchases, with distribution under P.L. 480 and other foreign distribution programs, and also by FNS to both family and child nutrition recipients.

2. There is some additional distribution to (1) institutions, primarily charitable entities; and (2) specialized groups such as pregnant and lactating women and small children; as well as distribution in emergencies, such as floods.

3. A preliminary evaluation by Dr. Paarlberg's staff indicates that benefits to producers from our surplus removal efforts have not been great. The exception is in some of the specialty crops, primarily in California and Florida, where elimination of the program would be strongly opposed.

4. A possible alternative to these programs, if and when surpluses develop in future years, would be a voucher system. There is some precedent for this; in essense, food stamps are vouchers, though they need not be used for specific foods. And we are now using vouchers, applicable only to certain specified foods, in two of our supplemental feeding programs (e.g., WIC) But the ramifications of the much broader use envisioned here have not yet been researched.

5. AMS, FNS and some of Assistant Secretary Wright's staff have developed a study proposal which would encompass the voucher alternative and a number of other aspects of this program. This proposal is being held in abeyance pending our immediate policy decisions.

6. Senator McGovern and a number of other liberals in that body, representing both parties, have just introduced legislation that would require us to maintain *all* our commodity procurement programs at no less than present levels.

7. The school feeding lobby is strongly opposed to termination of commodity procurement for child nutrition. The primary reason is that they wish to avoid transfer of the child nutrition programs to HEW. They believe that if they can keep a USDA procurement program going, this will strengthen their hand in resisting a transfer of the distribution system (FNS).

8. We will phase out most of the family procurement programs by June 30 of this year, as required by the 1973 Farm Bill. Exceptions will be: Puerto Rico, perhaps a few counties in the U.S., and perhaps the Indian reservations. It will take most of FY 75 to get the "exceptions" on food stamps.

We have one supplemental feeding program which involves commodities; this too will continue in FY 75, but probably could be phased into WIC—a voucher program—in FY 76.

Thus, the only remaining commodity programs in FY 76, i.e., on July 1, 1975, would be (1) child nutrition; (2) institutions; and (3) P.L. 480 and other foreign distribution.

RECOMMENDATIONS

1. All out opposition to the McGovern legislation. If it should pass, we'll be in the commodity procurement business forever.

2. A gradual phase down (and hopefully phase out) of existing procurement and distribution programs during FY 75. As discussed above, this is already planned for the family programs, and can easily be done in the supplemental programs. Distribution to institutions should be phased down as much as possible, thereby minimizing the flak that will be received if and when complete termination takes place, i.e., on June 30, 1975. Distribution to the schools should be reduced dramatically, and the shortfall replaced by cash, as is already permitted by law. This too will reduce the shock if distribution is completely terminated on June 30, 1975. It probably is too early to determine whether foreign distribution can also be terminated at that time.

3. An objective of complete termination and disbanding of these programs on June 30, 1975. This can be done by administrative action, if the pending McGovern and similar legislation can be forestalled.

There will be some difficulty in terminating help to institutions, but this can be overcome. The much more difficult battle will be with the

child nutrition lobby. Our strategy should be to: (1) convince them that they will be hurt little, if any, by a changeover from commodities to cash; and (2) provide an adequate carrot in the form of cash to at least diminish their opposition.

Foreign distribution should also be evaluated at that time.

4. In the interim, the voucher alternative for surplus removal should be carefully studied and readied for implementation if needed. Otherwise, we're liable to be forced back into the commodity procurement business if and when surpluses develop. The Section 32 removal authority will still be on the books, and the Department would probably be forced to use it unless a voucher or some other alternative is available.

CLAYTON YEUTTER,
Assistant Secretary.

NUTRITIONAL BENEFITS FROM FEDERAL FOOD ASSISTANCE

A Survey of Preschool Black Children From Low-Income Families in Memphis, Tenn.

(By Anthony G. Kafatos, M.D., MPH; Paul Zee, M.D., Ph. D.)

Approximately 4,000 preschool black children from low-income families in South Memphis participated for 3 years in a supplementary food program sponsored by the U.S. Department of Agriculture. Part of this group received additional benefit from food stamps, day-care centers, and an infant-feeding program. The effects of this participation were evaluated in 250 children selected randomly from the enrollment list of the supplementary program. Each child was examined for height, weight, head circumference, and levels of hemoglobin, serum iron and vitamins A and C. The data were then compared with those from a similar survey in the same area conducted 3 years before.

The results of this comparison indicate significant improvements in height and weight. In 1969, 50 percent of the children were below the 25th percentile for normal growth (Stuart-Stevenson grid); by 1972 only 29 percent of the heights and 39 percent of the weights were below this percentile. The incidence of anemia also decreased significantly during this period, from approximately 25 percent in 1969 to 11 percent in 1972. Serum iron values, however, still indicated an iron deficiency in 53 percent of the children under 2 years of age and in 37 percent of those over this age. Plasma vitamin A concentrations were low in only 26 percent of the children as compared to 44 percent in 1969.

In the absence of other recognizable intervening factors, we conclude that federal food assistance programs were primarily responsible for the observed nutritional improvements.

In 1969 high frequencies of stunted growth and anemia were found within the preschool population of a predominantly black community in South Memphis.[1] These deficiencies were attributed to an inadequate diet due to low family income and provided us with base lines for evaluating the effects of increased federal food assistance to the children of this urban community. Reported here are the results of a follow-up nutrition survey conducted in 1972, after the study population had participated for 3 years in a supplementary food program sponsored by the U.S. Department of Agriculture (USDA) and had received additional benefit from food stamps, day-care centers, and an infant-feeding program. These findings, by comparison with baseline values, demonstrate significant improvements in height and weight and a significant decrease in the frequency of anemia.

[1] Zee, P., Walters, T., Michell, C.: Nutrition and poverty in preschool children. JAMA 213:739–749, 1970.

Community Characteristics.—The subjects of this survey were all residents of a predominantly black community in South Memphis. The area encompasses nine census tracts and in 1970 had a population of 37,520, of whom 4,972 were under 6 years of age.[2] Living conditions from 1969 to 1972 were typical of those in urban poverty neighborhoods: nearly 20 percent of the 10,902 occupied housing units were dilapidated or deteriorating; overcrowding was common, with more than one person per room in 30 percent of the houses; and many homes were without adequate kitchen or plumbing facilities. Median family income for each of the nine census tracts ranged from $2,986 to $4,783 a year. Yearly earnings for one-half the families were below official poverty guidelines, and 34 percent to 54 percent of this group received public financial assistance.[3] According to census statistics, 11.4 percent of the male labor force was unemployed in 1970.[2]

Average data on infant mortality and prematurity in the community were available for the period 1966 to 1971 (Memphis and Shelby County Public Health Department, unpublished). From1966 to 1968 infant mortality rates per census tract ranged from 22 to 84 per 1,000 live births (Memphis rate, 25); from 1969 through 1971 they ranged from 13 to 37 per 1,000 (Memphis rate 17.5). The incidence of low birth weights ranged from 18 to 28 per 100 live births in 1966 to 1968 (Memphis rate, 12) and from 14 to 25 per 100 in 1971 (Memphis rate, 10.1).

Three clinics staffed by nurses and nurse practitioners from the Public Health Department are open in the area on weekdays to provide immunizations and treatment for minor illnesses.

Before 1969 the majority of preschool children in this community did not benefit directly from federal food assistance. Only 14 percent of the families participated in the food stamp program, and USDA supplementary foods were not being distributed in the area. The nutritional status of these children was poor.[1] Approximately 50 percent of the preschool population were below the 25th percentiles for height and weight on anthropometric charts, and low plasma vitamin A levels and anemia were common. These deficiencies correlated with low income and a consequent inability to obtain a sufficient quantity and quality of food.

Early in 1969 a supplementary food program was initiated in the community through a contract between the U.S. and Tennessee Departments of Agriculture, the Memphis and Shelby County Health Department, St. Jude Children's Research Hospital, and Memphis Area Project South (MAP-South), a black self-help organization that has been active in the area since 1967. Families in need of supplementary food are identified by MAP-South neighborhood aides who live and work in the community. Medical personnel at St. Jude Hospital authorize the distribution of food, using the following criteria to determine eligibility: (i) the family must reside in the MAP-South area (nine census tracts); (ii) family income must be below poverty guidelines of the Federal Government; and (iii) the children must be less than 6 years of age.

The types and quantities of supplementary food are determined from criteria of the USDA. The monthly allotment for children of

[2] Bureau of the Census, U.S. Department of Commerce. Census tracts, Memphis, Tennessee-Arkansas standard metropolitan statistical area, 1970, Washington, D.C. Government Printing Office, PHC (1)-127, 1970.

[3] Income Poverty Guidelines. Federal Register, Vol. 37, No. 212, November 2, 1972. Government Printing Office, Washington, D.C.

three different age groups is presented in Table 1. In addition, a prepared infant formula enriched with iron, minerals, and vitamins (Similac, Ross Laboratories) had been provided since 1970 to all newborns in the community for the first 6 months of life. This formula and occasionally other foods are financed from private sources.

TABLE 1.—MONTHLY ALLOTMENT OF USDA SUPPLEMENTARY FOOD TO CHILDREN 0 TO 6 YEARS OF AGE

Food item	Unit of issue (gram)	Quantity per child per age group		
		0 to 12 mo.	13 mo to 3 yr	3 to 6 yr
Evaporated milk	Can, 368.6	30	30	10
Farina [1]	Box, 396.9	2	2	2
Corn syrup blend	Bottle, 680.4	3	0	0
Fruit juice	Can, 1,360.8	2	3	3
Scrambled egg mix [2]	Package, 340.2	2	4	4
Meat or poultry	Can, 1,417.5	0	1	1
Vegetables	Can, 482.0	0	4	4
Instant nonfat dry milk	Box, 1,077.3	0	0	1
Peanut butter [2]	Can, 907.2	0	1	1
Instant potatoes [3]	Package, 453.6	0	1	1

[1] Wheat cereal
[2] Discontinued from August 1970 to April 1972.
[3] Discontinued in February 1971.

Population Sample.—The population surveyed consisted of approximately 4,000 preschool children enrolled in the supplementary food program in 1972. Cross-sectional samples and sampling procedures were similar to those in the 1969 survey.[1] Every 12th family chart was taken from the MAP-South files for a total of 340 charts. Despite at least three attempts, 26 percent of the families could not be contacted at home or the legal guardian was not available to give consent. Another 32 percent of the families were lost because of incomplete or incorrect addresses, or because a child had become ineligible for the survey. Moving without leaving a new address was the most frequent cause of our failure to locate families in the original sample. The migratory nature of the study population was not unexpected, as the 1970 census indicated that 49 percent of the residents had moved since 1965.[2]

From the 340 charts we were able to locate 154 families with 250 preschool children (primary sample). The distribution of this sample by age and sex is given in Table 2. A secondary sample of 60 children, or every 4th child in the primary sample, was brought to the St. Jude Nutrition Clinic for a complete pediatric workup.

TABLE 2.—PRIMARY SAMPLES

[Distribution by age and sex [1]]

Age (years)	Boys		Girls	
	1969	1972	1969	1972
0 to 1	13	20	8	19
1 to 2	20	14	29	24
2 to 3	24	21	23	21
3 to 4	27	15	23	27
4 to 5	38	20	30	22
5 to 6	31	20	34	27
Total	153	110	147	140

[1] Total boys and girls: 300 in 1969 and 250 in 1972.

METHODS

All home visits and measurements were made by the senior author with the help of an assistant from the St. Jude Nutrition Clinic. The purpose of the visit was explained to the parents and with their consent the child's general condition was evaluated. Recumbent length or height was measured with a metal tape permanently attached to a plank with a fixed headboard. Weights were determined with a portable scale that was standardized with a 25-lb weight before each examination. Each height and weight was plotted on the appropriate anthropometric percentile grid of Stuart and Stevenson.[4] Head circumferences were measured with a plastic tape and plotted on the Nellhaus grid.[5] The variability in physical measurements between the 1969 and 1972 surveys could not be tested.

Finger-stick blood was obtained for the following tests: (1) hemoglobin concentrations and red and white blood cell counts by Coulter counter, which automatically computes the hematocrit and red cell indices; (ii) total serum protein and serum albumin;[6] (iii) vitamin A and C levels.[7,8,9] Test results were analyzed by the Chi-square method.[10]

Children in the secondary sample received a complete pediatric examination. This included blood tests for the presence of sickle cell hemoglobin (Sickledex kit) and G–6–PD deficiency,[11] as well as measurement of serum iron and total iron-binding capacity.[12]

RESULTS

In 1969, 16 percent of the preschool children in this urban community were below the 3rd percentiles for height and weight on the Stuart-Stevenson grid, and 50 percent were below the 25th percentiles for these parameters.[1,4] By 1972, heights had shifted significantly to a more normal distribution, and weights were significantly improved in the 25th and 50th percentile groups (Table 3). Head circumferences were more than two standard deviations below the reference mean in 15 percent of 300 children surveyed in 1969. Three years later the frequency of below-normal head sizes was 12 percent among 250 children 0 to 6 years of age and 9 percent among 77 children 0 to 2 years of age, all of whom had received an enriched infant formula for the first 6 months of life.

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[4] Stuart, H. C., Stevenson, S. S.: Physical growth and development, in Nelson, W. E. (ed): *Textbook of Pediatrics*. Phildelphia, W. B. Saunders Co., 1959.

[5] Nellhaus, G.: Head circumference from birth to 18 years. Pediatrics 41:106–114, 1968.

[6] Wolfson, W. Q., Chon, C., Calvary, E., Ichiba, F.: Studies in serum proteins. A rapid procedure for the estimation of total protein, true albumin, total globulin, alpha globulin, beta globulin and gamma globulin in 1 ml of serum. Amer. J. Clin. Pathol. 18:729–730, 1948.

[7] Neeld, J. B., Pearson, W. N.: Macro- and micromethods for the determination of serum vitamin A using trifluoroacetic acid. J. Nutr. 79:454–462, 1963.

[8] Besser, O. A., Lowry, O. H., Brock, M. J.: The quantitative determination of ascorbic acid in small amounts of white blood cell and platelets. J. Biol. Chem. 168:197–205, 1947.

[9] Interdepartmental Committee on Nutrition for National Defense. Manual for Nutrition Surveys. Second edition. Government Printing Office, Washington, D.C., 1963, p. 203.

[10] Ostle, B.: Statistics in Research. Second edition. Iowa State University Press, Ames, Iowa, 1963.

[11] Schneider, J. A., Tannenbaum, M., Hsia, D. Y.: G–6–PD determination. Clin. Chim. Acta 6:586, 1961.

[12] Goodwin, J. F., Branlett, M., Guillemette, M.: D/rect measurement of serum iron and binding capacity. Clin. Chem. 12:2, 1966.

TABLE 3.—DISTRIBUTION OF HEIGHTS AND WEIGHTS ON ANTHROPOMETRIC CHARTS[1]

[In percent]

	Heights[2]		Weights[2]	
	1969	1972	1969	1972
Below 3d percentile	16	6	16	12
Below 25th percentile	50	29	50	39
Below 50th percentile	70	54	73	58
Below 75th percentile	90	72	86	78
Total, children	300	250	300	250

[1] Reference values were those of Stuart and Stevenson.
[2] Changes in height were statistically significant ($P<0.001$) for all percentile groups, whereas those for weight were significant in the 25th ($P<0.01$) and 50th ($P<0.001$) percentile groups only.

The possible contribution of low birth weights (<2,500 gm) to the above findings was examined. Precise birth weights were available for 226 of the 250 children in our primary sample. Of this number, 30 children weighed less than 2,500 gm at birth. In the present survey 45 percent of this group were above the 50th percentile for height; the remaining children were clustered in the lower percentiles. As shown in Table 4, this latter group did contribute to the excess number of small children encountered during the survey, but the effect was slight.

TABLE 4.—CONTRIBUTION OF CHILDREN WITH LOW BIRTH WEIGHT TO FREQUENCY OF SUBNORMAL HEIGHT AND WEIGHT

	Height (percent)		Weight (percent)		
	Below 3d percentile	Below 10th percentile	Below 3d percentile	Below 10th percentile	Total number
1969:					
Normal birth weight	15.0	25.7	10.7	22.9	140
Normal plus low birth weight	17.4	28.9	16.2	28.3	166
1972:					
Normal birth weight	5.1	11.2	9.7	19.9	196
Normal plus low birth weight	5.8	11.9	11.5	23.0	226

Mean hemoglobin concentrations and hematocrit readings are shown in Table 5. Although averaged hemoglobin values were normal (>10 gm/100 ml) for the 0–3 age group in both surveys, the frequency of anemia was significantly greater in 1969 than in 1972 (Table 6). In the first survey, 27.7 percent of preschool children had hemoglobin levels of less than 10 gm/100 ml, compared to 10.9 percent three years later. This decrease in prevalence of anemia was more clearly demonstrated in the children who were born after 1970 and who were thus eligible for an iron-enriched formula during the first 6 months of life. Only 10 percent of this group had hemoglobin values below 10 gm/100 ml, whereas in the prior survey the rate for children born from 1967 to 1969 was 40 percent. When low-birth-weight infants were excluded, these frequencies were 11 percent and 39 percent, respectively. Significant decreases in frequency of anemia were also noted for the 3–6 age group (Table 6).

TABLE 5.—MEAN HEMOGLOBIN AND HEMATOCRIT LEVELS IN PRIMARY SAMPLES

Age group	Hemoglobin concentration (gm/100 ml)		Hematocrit reading (volume percent)	
	1969	1972	1969	1972
0 to 3 yr:				
Number of subjects	123	119	123	119
Mean	10.9	11.5	33.7	33.9
S.D.	1.4	1.2	2.9	3.4
3 to 6 yr:				
Number of subjects	177	131	177	131
Mean	11.6	11.8	34.4	35.2
S.D.	1.1	.9	2.4	2.6

TABLE 6.—DISTRIBUTION OF HEMOGLOBIN LEVELS

Hemoglobin range (grams per 100 ml)	Percentage of children [1]			
	0 to 3 yr		3 to 6 yr	
	1969	1972	1969	1972
Less than 9.0	9.8	5.0	1.7	0
9.0 to 9.9	17.9	5.9	7.9	3.8
10.0 to 10.9	22.0	18.5	15.3	6.9
11.0 to 11.9	25.2	32.7	40.7	39.7
12.0 to 12.9	21.1	31.1	24.3	40.5
13.0 to 13.9	3.2	5.0	8.5	7.6
Greater than 14.0	0.8	1.7	1.7	0
Total, children	123	119	177	130

[1] The prevalence of hemoglobin levels below 10 gm/100 ml in children 0 to 3 yr of age dropped from 27.7 percent in 1969 to 10.9 percent in 1972 ($P<0.001$). In the other children the frequency of hemoglobin values below 11 gm/100 ml dropped from 24.9 percent to 10.7 percent ($P<0.01$).

Serum iron studies of 55 children from the 1972 secondary sample substantiated the presence of iron-deficiency anemia (Fig. 1). Fifty-three percent of children less than 2 years of age had transferrin saturation under 15 percent, and 37 percent of those between 2 and 6 years of age had values of less than 20 percent, which is compatible with iron deficiency. Thirty-six percent of the children had normal hemoglobin levels associated with low transferrin saturation. They were found in 5.7 of 209 children in 1969 but in only 2 percent of the 248 children examined in 1972, which represents a statistically significant improvement ($P < 0.05$).

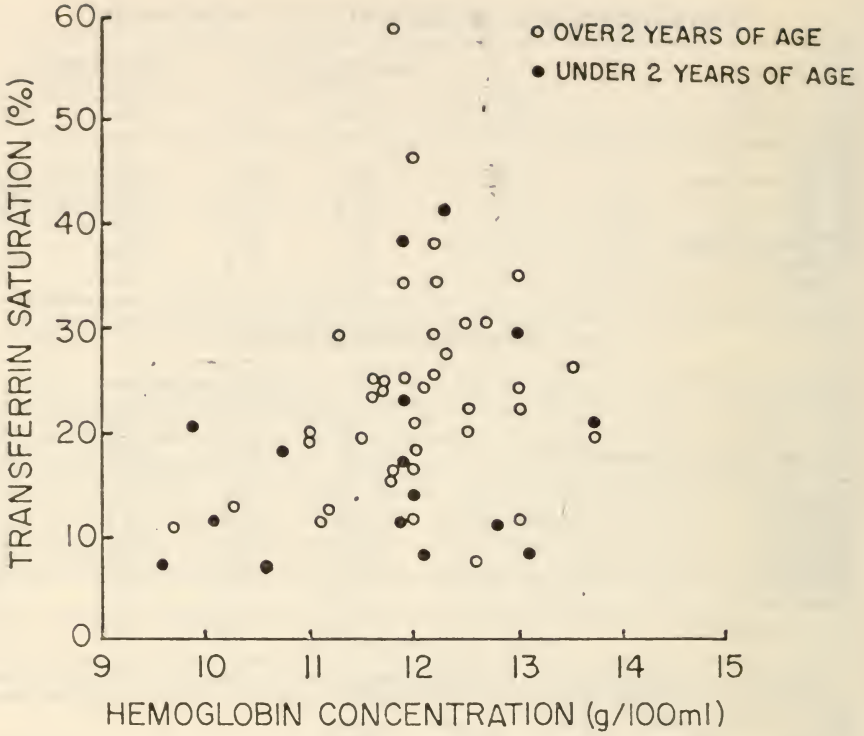

FIGURE 1.—Scattergram demonstration the correlation between hemoglobin concentration and transferrin saturation in 55 preschool children surveyed in 1972. The frequency of iron deficiency as shown by the transferrin saturation studies exceeded the frequency of anemia. Approximately one-third of the children with hemoglobins above 11 g had low transferrin saturation.

Physical examinations, chest x-rays, and skin tests for tuberculosis and histoplasmosis revealed no evidence of serious chronic infections. The incidence of mild upper respiratory tract or skin infection was 25 percent in 1969 and 20 percent in 1972. White cell counts higher than 10,000/cu mm were found in 20 percent of the children in 1972.

Economic conditions in the community remained depressed during the evaluation period (Table 7). Half of all families surveyed earned less than $2,500 a year, compared to $1,838 a year in 1969. The 1972 Federal poverty guidelines[3] list $2,790 as the lowest acceptable annual income for a family of two and $5,880 for a family of seven, the median number in this study. Participation in the federal food stamp program rose from 14 percent in 1969 to 56 percent in 1972, while the percentage of children receiving free meals at day-care centers rose from 0 percent to 10 percent. The median charge for food stamps purchasing $145 of food was $38 a month. Seventeen percent of these households did not spend additional cash for food; the remaining families spent an extra $35 a month on meals.

TABLE 7.—INFORMATION FROM FAMILY INTERVIEWS [1]

	1969	1972
Median annual income per household	$1,838	$2,500
Median annual income per capita	334	396
Median household size	6.8	7.0
Participation in food stamp program (precent)	14.0	56.0

[1] Data compiled from 130 (1969) and 145 (1972) successful interviews.

DISCUSSION

Federal support to child nutrition programs increased substantially during the 3-year period 1969–72. In fiscal 1972 Congress appropriated $1.2 billion for this purpose, a three-fold increase over the 1969 appropriation.[13] Although several small-scale evaluations have been prevalence of sickle cell hemoglobin (7 percent) and of G–6–PD deficiency (11 percent) in the secondary sample was comparable to that in the general black population.

The mean plasma vitamin A concentration (±S.D.) in 1969 was 22.6± 13.0 μg/100 ml and in 1972 was 26.8±20.3μg/100 ml. Mean carotene levels (±S.D.) were 90.2±33.2 μg/100 ml and 88.9±39.7 μg/100 ml, respectively; in both survey years two-thirds of these values were within the low or acceptable range, i.e., below 100μg/100 ml.[9] Inherent in the vitamin A-carotene procedure is the possibility that the high carotene values may be associated with low vitamin A levels. This correlation was indeed present in our sample but to a low degree (correlation coefficient, r=0.30) when deficient vitamin A levels were correlated with their associated carotene concentration. Carotene values ranged from 14 to 197 μg/100 ml and fell well within the range of linearity for our method, which is from 0 to 300 μg/100 ml.

Although no gross clinical signs of hypovitaminosis A were noted in 1969, 44 percent of 57 randomly selected preschool children had plasma vitamin A levels below 20 μg/100 ml (Table 8), the lowest acceptable value in healthy children.[9] In 1972 only 27 percent of 250 children had levels below this concentration. Ascorbic acid concentrations, not measured in 1969, were low in 18 percent of all children examined and deficient in 5.2 percent (Table 8). Albumin levels below 3.5 gm/100 ml completed and more ambitious studies are under-

TABLE 8.—FREQUENCY OF BIOCHEMICAL VITAMIN A AND C DEFICIENCIES

[In percent]

Deficient or low cencentrations [1]	1969 (57 children)	1972— (250 children)
Vitamin A:		
<10 ug/100 ml	18	[2] 6
<20 ug/100 ml	44	[2] 27
Vitamin C:		
<0.1 mg/100 ml	([3])	5
<0.2 mg/100 ml	([3])	18

[1] From reference 9.
[2] P <0.001.
[3] Not tested.

[13] Hiemstra, S. J.: Evaluation of USDA food programs. J. Amer. Diet. Assoc. 60:19 –196, 1972.

way,[13, 14] the benefits of this strengthened Federal support are still in doubt.[15]

The present survey indicates definite nutritional improvement among black preschool children who participated in Federal food assistance programs in South Memphis. High frequencies of retarded height and weight, first noted in 1969, had significantly decreased by 1972, with the distribution of heights approaching that for healthy white children living under normal conditions of home life in Boston (Table 3). Data for healthy black children receiving optimal care were not available for comparison; however, growth rates for blacks have been found to be nearly identical to those of white.[16, 17, 18] The frequency of anemia also improved significantly during this period, from approximately 25 percent in 1969 to 11 percent in 1972 (Table 5).

As in most large-scale nutrition surveys, the data in this study are cross-sectional and do not explain the nutritional experience of individual children. We encountered uncontrollable variables that prevented direct correlation of food consumption with nutritional improvement. For instance, we were not able to monitor a child's actual daily intake of food, nor could we control whether or not a family collected its food allotment on a regular basis. Nevertheless, in the absence of other recognizable intervening factors, we believe that (i) community implementation of a USDA supplementary food program, (ii) 6-month's provision of a fortified infant formula to all newborn infants in the community, (iii) a 56 percent participation in the food stamp program, and (iv) free meals provided by day-care centers were primarily responsible for the observed nutritional improvements. Changes in family size and annual family income (see Table 7) were not sufficient to be considered as major contributing factors. A social and political awakening within the population could have stimulated greater self-reliance and resourcefulness, and hence resulted in improved diets, but this possibility could not be substantiated. A reduced rate of prematurity in the 9-census-tracts area would have contributed to improved growth indices, but the annual percentages of low birth weights in the 1969–1972 period were not significantly different from each other (16.0 percent, 16.5 percent, and 17.6 percent respectively).

Despite the improvements demonstrated by this survey, a number of nutritional deficiencies still persist in this preschool population. A probable explanation is that the food packages are not designed to guarantee intake of all necessary nutrients. The persistence of anemia in these children undoubtedly stems from insufficient iron to supplement the home diet. Farina, a wheat cereal fortified with iron, is distributed throughout the community but is disliked by most of the children and consequently not eaten. The high incidence of low vitamin A and C levels may be due to a variety of reasons: the scarcity of vegetable and fruits in the Memphis ghetto diet; the aversion of most children to vegetables, even if they are offered; and the low vitamin A content of the supplementary foods. Some of these deficiencies could

[14] Ruffin, M., Calloway, D. H., Margen, S.: Nutritional status of preschool children of Marin County welfare recipients. Amer. J. Clin. Nutr. 25:74–84, 1972.

[15] Gordon, J. E., Scrimshaw, N. S.: Evaluating nutrition intervention programs. Nutr. Rev. 30:263–265, 1972.

[16] Malina, R. M.: Growth and physical performance of American Negro and white children. Clin. Pediat. 8:476–483, 1969.

[17] Wingerd, T., Schoen, E. Y., Solomon, F. L.: Growth standards in the first 2 years of life based on measurements of white and black children in a prepaid health program. Pediatrics 47:818, 1971.

[18] Vital and Health Statistics, Height and Weights of Children, United States. U.S. Department HEW, PHS, HS174A. Publication 1000-Series 11, No. 104, Government Printing Office, Washington, D.C.

be corrected by proper nutritional counseling, which presently is a serious omission in food distribution programs involving commodities or stamps. However, the expense of providing a large population with professional counseling can be prohibitive. Certainly a less expensive and equally effective approach would be to adjust the commodity food program to the deficiencies of its recipients. Such programs should also provide more protective foods. A striking example of how effective this can be was shown by an earlier study of infants who received a 6-month's supply of iron-fortified formula after birth.[19] Frequencies of anemia and hypovitaminosis A in this group were significantly lower than in a similar group fed evaporated milk.

We conclude that federal food assistance to preschool children produces significant improvements in growth rates and other nutritional parameters and that such programs should be improved and continued to eradicate persisting deficiencies.

This investigation was supported by ALSAC and by the U.S. Office of Economic Opportunity under Contract No. B3B–5429 and Grant PA–55–4513–CAA. The services reported herein were performed pursuant to Contract B3B–5429 with the Office of Economic Opportunity, Executive Office of the President, Washington, D.C. The opinions expressed herein are those of the author and should not be construed as representing the opinion or policy of any agency of the U.S. Government.

We are indebted to Ms. Elizabeth Pell, to Mr. John Gilbert and to the Staff of Memphis Area Project-South for their assistance in these studies.

[19] Zee, P., Simmons, S., Kafatos, A. G.: Effective of a vitamin A- and iron-enriched formula on indigent infants. Fed. Proc. 31:70 , 1972 (abstract).

U.S. Department of Agriculture,
Washington, D.C., March 2, 1976.

Hon. George McGovern,
Chairman, Select Committee on Nutrition and Human Needs,
U.S. Senate, Washington, D.C.

Dear Mr. Chairman: This is in response to your letter of February 12 in behalf of Archbishop Philip Hannan concerning the Supplemental Food Program in New Orleans.

Since USDA specifications for infant formula require the use of nonfat dry milk, of which CCC has a large inventory, the Department does have authority to purchase and supply infant formula to the Supplemental Food Program, under authority of section 32 of the act of 1935, as amended, and under authority of section 416 of the Agricultural Act of 1949, as amended.

Infant formula is not in the Supplemental Food Package because a panel consisting of physicians and nutritionists representing the Department of Health, Education, and Welfare, the Office of Economic Opportunity, and the Department of Agriculture, determined that nutritional needs could be met at lower cost by supplying instead evaporated milk and corn syrup. Since the start of the program, each month 30 fourteen ounce cans of evaporated milk and 3 sixteen ounce bottles of corn syrup have been distributed for participating infants. These products have been universally well accepted by recipients for the preparation of formula. In addition, 3 fourteen ounce packages of farina and fruit juice are provided for infants.

Given the successful record of the current food package for the Supplemental Food Program, the Department has no plans to include infant formula in the future.

Sincerely,

Richard L. Feltner,
Assistant Secretary, Marketing and Consumer Services.

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